14568

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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may be retained by the haspital as attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remave cackon pagers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL

VR A15 (4) 15M 9/59

	ARUUO							
1. PLACE OF DEATH a. COUNTY	1343	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY	on: Residence bef	ore odmis	sion)
b. CITY OR TOWN (If out		rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF				earest taw	n)
RURAL and give nearest	t tawn)		\ \					
d. NAME OF HOSPITAL (f nat in hospital, give s	40 Yrs.	d. STREET ADDRESS				e. IS RES	SIDENCE
OR INSTITUTION	# 2		Rt. #:	2			ON	A FARM?
3. NAME OF	II 2							
3. NAME OF DECEASED (Type or print)	VIRGIE	CANTWELL CANTWELL	ABBOTT	4. DATE OF DEATH	Mon))	Year 19 60
5. SEX 6.	COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Days	+	1
Female W	hite WIG	OOWED DIVORCED	5-4-1897		63 yrs.	Months Days	Hours	Min.
100. USUAL OCCUPATION (Give kind of work dane	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e ar fareign co	ountry)	12. CITIZEN		COUNTRY
House Wif	e even if refired)	Own Home	Maryl	and		U.S.	.A.	
13. FATHER'S NAME		THE RESERVE	14. MOTHER'S MAIDEN					
Edward Lee	Cantwell		Laura Vi	rginia	Bounds			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
	, give wor or dates of service)		Mr. Charles A	hhott	Same			
	one	per line (a), (b), and (c).	Mr. Ollar Tes v	00000	Dane	IIN	TERVAL BI	ETWEEN
	VAS CAUSED BY:	Can A Tr. Ca	1. The	D. Q.	asi.	Ö	SET AND	DEATH
. IMA	MEDIATE CAUSE (a)	Comme	y in	enco	0-4-03		24	NUN
1 -20	DUE TO	11	16/11				3 (120
Canditions, if any,		Hype	-eugur)			-	100
cause (a), stating the							U	
lying cause last.) (c)						r	
PART II. OTHER S	SIGNIFICANT CONDITION	ons <u>contributing to death</u> bu	IT NOT RELATED TO THE TER!	AINAL DISEASE	CONDITION GIV	/EN IN PART 1(a)	PERFO	AUTOPSY ORMED?
200. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING 20b. CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Part I ar Part	II of item 1B.)			
	Month, Day, Year 2	0d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Hame, far	m, 20f. (City	or town)	(County	()	(State
Hour o.m.	, v	Vhile Nat while f	actory, street, affice bldg., e					
	., 0	t wark at work	Min	-	34 16	1.	_	
21. I certify that (I) (this hospital) at	tended the deceased fram	· may	9-24 , .ta s	Icc ig	1960		
saw the deceased	alive on	1960 , and that	death accurred at	OHM, fram	the causes an	d an the dat		
220 SIGNATURE	0 (1	-	ATTENDING	MED.	STAFF		27	2b. DATE SIGNED
2	ans J	yank	M.D. PHYS.	DIRECTOR [PHYS.	12-20-	1960	
22c. PHYSICIAN S NAME (Type)	4		22d. ADDRESS		0 7 1 1 -		2 - 12	,
	r. Frank B	• Giganti	Medical	Center	, Salisbi	iry, Mar	yranc	1
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCAT	ION (City, tawn,	ar county)	(Sto	ste)
Burnan (Specify)	12-22-1960	Siloam Cemet	ery	Silos	am, Mary	land		
24. FUNERAL DIRECTOR'S SIG		ADDRESS		D BY REGIST	RAR 25b, REGI	STRAR'S SIGNAT	URE	
Hill & Johr	ison Co. Sa	lisbury, Marylar	nd DATE	EC 27'6	0 0	thun 9 W.		

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					CI	4.	TIE	10	A.	TE	0		DE	A	TH					

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1. PLACE OF DEATH,		13.50		2		DENCE (Wh	ere deceased live	d. If instituti	an: Residence b	before adm	ission)
o. COUNTY	comico		MAR	YLAND	o. STATE	1 1		b. COUNTY	Willon	7160	
b. CITY OR TOWN (I	f autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b.	c. CITY OR T	OWN (If a	utside carporate	imits, write R	URAL and give	negrest to	wn)
RURAL ond give no				1	1 1	CA	# 1	2012/	DELI	9	
JU113 DU	AL III not in hospital, a		and describ	1/	A CYPECT A	PD0555	///	,,,,,,			ESIDENCE
OR INSTITUTION	AL (II not in nospital, g	Ine ziteet	oddress)		d. STREET A	4/	-15	1		ON	A FARM?
Teninsula	s Genera	LH	ospilal		/	Kour	6 3	0		YES	NO Z
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Man	ith	Day	Year
(Type or print)	of an	red	Ron	ald	all	ins	DEATH	Ducan	ber	F,	1960
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR		DATE OF BIRTH	1 ,	9. A	GE (In years	IF UNDER 1 Y	_	DER 24 HRS.
m	[1]	WIDOWI			10/10	2/4/	lo	st birthdoy) yrs.	Manths Da	ys Haur	1 1
10a. USUAL OCCUPATIO	ON (Give kind of work				Y 11. BIRTHPL	ACF (State)	ar foreign country		12. CITIZEN	OF WHAT	COUNTRY?
during most of worl	king life, even if retired)	M1	/	11.01.01	ver laidle	0 0	"	12.01.22	« O	COOMINI
NO	, E		11000	=	11)	any	land		1 1	3.77,	
13. FATHER'S NAME	0 0	13 0	6 0		14. MOTHER'S	MAIDENLN	AME				
Kon	intel	Ede	varil a	Ikura	Wa	ria	Ock 13	una.			
IS. WAS DECEASED EVE			SOCIAL SECURITY NO). 17. INFO	RMANT			Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	NO	2	ONAZ	1 5	· 12 X	611/3			
TID CAUSE OF DEA	ATH Enter only one co	usa mas lit	no for (n) (h) 1 (n)		0	0_2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	INTERVAL	DET/A/EENI
	TH WAS CAUSED BY:	ose per in	(c)	11	0	. 0	6.	A		ONSET AN	
7-1	IMMEDIATE CAUSE (a	1) (Regural	ory 1	actions	40	arelyac.	d. lacari	1229-20-4	3) 1/-	5 days
15	DUE TO		4		-2 0	2.1				,	U
Canditions, if a			unnotic	Corna	enited	Hea	of Dis	iasl		4-8	days
gove rise to i	mmediate (0	0							()
lying couse lost.	the <u>under-</u>		the aux	culor	· Lanta	D. A	lest as	el Pul	Incom	Hus	artena
Z PART II. OTH	HER SIGNIFICANT CON	/	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THETERM	NAI DISEASE CO	NDITION GIV	FN IN PART 1	01 19. WA	S AUTOPSY
PART II. OTH					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	712 51527 152 150	, , , , , , , , , , , , , , , , , , , ,		PERI	FORMED?
2		201 055	Chine House In thinks					('> 10)		YES [NO 🖸
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	OCCURRED. (tnter noture a	t injury in t	ort I ar Part II a	r item ib.j			
	MEDICAL EXAMINER)										
	RY Manth, Day, Yes		NJURY OCCURRED	20e. PLACE	OF INJURY (I	Home, farm,	20f. (City or to	own)	(Cou	nty)	(State)
Hour a.m.	19	While at wor	Nat while	idelai	y, sireer, utilice	Diag., etc.	'				
	. (1) (1) 1	1)			in Iti		60.	12/5	20/00	7	
21. I certify the	ot (I) (this hospital	I) ofteno			1	45 7.00	60, to	4			(we) lost
sow the deceas	sed olive on	134	5 19 6 0, and	that dec	oth occurred	ots o	M, from the	couses on	d on the d		
22a. SIGNATURE					ATTENIDING	G ME	.D 6:	TAFF			22b. DATE SIGNED
Wille	am C.	110	rgan	M.D	ATTENDING PHYS.	DII	RECTOR P	HŶS.		1.2/	5/6
22c. PHYSICIAN'S NAME (Type)			0		22d. ADDRE	55				7	
INAME (Type)	WILLIAM C	. m	ORGAN		5	17 LIS	BURY,	mb			
23a BURIAL, CREMATIC	N. 23b. DATE THEREC) F	23c, NAME OF CEN	STERV OR C	PEMATORY		23d. LOCATION	(City town	or county)	/8/	tote)
REMOVAL (Specify)		14/21	mars		KEMATORT			DE-619		(5)	iotej
PULLIFL	1000	140								- T. I.D.C	
24. FUNERAL DIRECTOR	FUNGAN	, 1.1	ADDRESS			25a. REC'I	BY REGISTRAR	25b. REGI	STRAR'S SIGNA	ATURE	
377.77	, and m	C /4				DATE 1	EC 1 2 '60	-	1 12 8	K 3	
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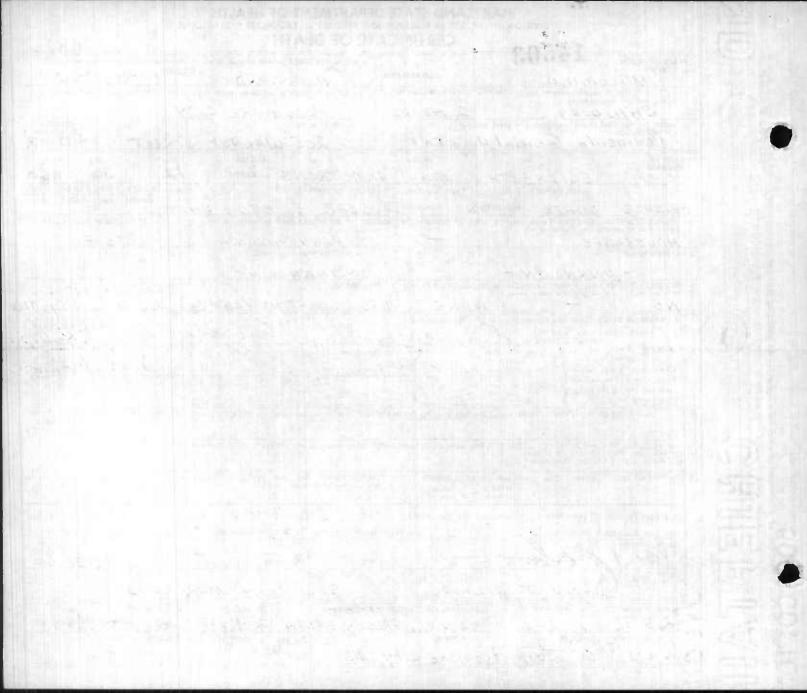
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF DEATH			ed. If institution: Residence before admission)
	a. COUNTY	MARYLAND	a. STATE MARYLAND	b. COUNTY WORCESTER
		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	SA/IS DURY	2 HOURS	POCOMOKE	5174 7345°
	d. NAME OF HOSPITAL (If not in haspital, give street of		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
4	OR INSTITUTION GENERAL IS	Loss, tal	205 WALNUT	STREET YES NO NO
9	3 NAME OF First	Middle	Lasi 4. DATE	Month Day Year
	(Type or print) ELIZBBETH	MAY AI	RMSTRONG DEATH	12 30 1960
1		ED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWEL	DIVORCED [SEPT. 18, 1876	84 yrs. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of warking life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State ar foreign count	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	_	PENNSYLVANIA	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	- UNKNOWN -		-UNKNOWN-	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Addisso 5 WALNUT ST.
	[Yes, no, or unknown] [If yes, give wor or dates of service]	NONE MA	S. L. BERTHA VENI	
1	1B. CAUSE OF DEATH Enter only one couse per ling			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	man a	Jan. / Cerom	Conset and Death
1	IMMEDIATE CAUSE (a)	of the state of the	211	0 2
	Canditions, if any, which	varion a	Sol, atter	enclerosis thehunn
	gove rise to immediate	1.1		7,40000
	lying cause last.		- 1	
	/ (0)	ONTRIBUTING TO DEATH BUT	NOT REVATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CO			PERFORMED? YES NO NO
		RIBE HOW INJURY OCCURRED). (Enter noture of injury in Part I or Part II	
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	ZOc. TIME OF INJURY Month, Day, Yeor 20d. IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City ar	town) (County) (Stote)
	Hour o.m. While	Not while foo	tory, street, office bldg., etc.)	
		= =	Page 30 10 de	74 30 . (0.
	21. I certify that (I) (this haspitat) attended	0 /1	1960, 1070	19 () (we) last
	saw the deceased alive on 220. SIGNATURE	0 19 60, and that d	eath accurred at M, from the	e causes and an the date stated above.
	1/1/2 //2 //		M.D. ATTENDING MED.	STAFF 22b. DATE SJGNED
	22c PHYSICIAN'S		M.D. PHYS. DIRECTOR 22d. ADDRESS	PHYS. 0 12-31-60
	NAME (Type)/	1 - 00		mague / man
		LMORE	SALISBURY, N	MARYLAND
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		N (City, town, or county) (Stote)
	BURIAL 1-2-61			SS ANNE MARYLAND
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY REGISTRAL	
	Homes TO alsen 160	OMOKE CITY,	MD. DATE SAIL S	Cothur S. Kines



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 houry after about. If any delay is necessary, please exe-	ed plan		nation,	(
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FDICA	icate,	the C	DIRECT	
JTY A) e	dec re	ERAL	oval.
DEP	cute th	farwar	FUN	or removal.
TC			10	

	MARYLAND STATE DEP		
PLACE OF DEATH	liji aami aa	2. USUAL RESIDENCE (Who	

Wicomico

b. CITY OR TOWN (If outside corporate limits, write RURAL

MARYLAND	2. USUAL RESIDENCE (sed lived. If Institution b. COUNTY				ssion)
c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (narate limits write		omic		wa)
3 yrs.	12 Salis		porore tililia, write		u gire ii		
ital, give street address)	d. STREET ADDRESS						A FARM?
	115	E. Col	lege Ave.			YES [NO F
Middle	Last	4. DATE	Month		Day	Y	ear
LUTHER	BAILEY	DEATH	12		3	1	9 60
NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IFUNDE	RIYEAR	IF UND	ER 24 HRS
DIVORCED	Feb. 22, 19	06	lost birthday) 5), yrs.	Months	Days	Hours	Min.
ND OF BUSINESS OR INDUS			country)	12. CI	IZEN O	F WHAT	COUNTRY
n Business	Marv	aand				U.S.	A.
	14. MOTHER'S MAIDEN	NAME			131		
	Tayour	Hopki	ns				
							177
OCIAL SECURITY NO. 17.	INFORMANT		Address				
	INFORMANT		100	Sam	2		
4-10-8704 M			100	Sam	INTER	EVAL BETWEE	
	INFORMANT		100	Sam	INTER		

Salish			3 yrs.	Sali	sbury					
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hospital	, give street address)	d. STREET ADDRES				740		ESIDENCE A FARM?
115	E. Colleg	e Ave.		115	E. Co	llege Ave				NO P
3. NAME OF DECEASED	Fir	af	Middle	Last	4. DATE	Mont		Day	Y	'ear
(Type or print)	AUB R		LUTHER	BAILEY	DEATH	12		3	1	9 60
5. SEX	6. COLOR OR RACE	7. MARRIEDY	NEVER MARRIED	8. DATE OF BIRTH		9, AGE (In years last birthday)	IF UNDER	-	IF UND	ER 24 HRS.
Male	White	WIDOWED [Feb. 22, 1		54 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote or foreign	country)	12. CITI	ZEN O	F WHAT	COUNTRY
Dry Clea		Own	Business		valand				U.S.	Α.
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME		15.61			
James	Allen Bai	ley		Luc	y Hopk	ins				
15. WAS DECEASED EVE	R IN U. S. ARMED FO		IAL SECURITY NO. 17.	INFORMANT		Address				
NO		The second second	-10-8704 1	rs. Eloise	M. Bail	lev	Same		11/3	
18. CAUSE OF DEAT	TH [Enter only one con	use per line for (INTER	T AND DEA	EEN ATH
PART I. DEAT	H WAS CAUSED BY:	He	monh					h	~~	Lie
977	DUE TO	0	0 /	2 6/4 0	- 0	0				
Conditions, if or		Se	vered 1	eftend.	in an	Long				
gove rise to immed (o), stoting the u				0		1				1
couse lost.	(c)					V				
PART II. OTH 20g. EXTERNAL CAU PRIMARY of CON CAUSE OF DEATH.	ER SIGNIFICANT CON	DITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	VEN IN PAR		PERFO	AUTOPSY PRMED?
	SE WAS	DESCRIBE HO	W INJURY OCCURRED.	(Enter noture of injury in	Port or Port I	of item 18.)	led.			
20c. TIME OF INJUR	15.5	20d. INJU While of work	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.,	mire 1 1 min	y or towns	(Cou	(C)	W. C.	(Stole)
21. I certify th	at I toak charge	af the rem	ains described ab	ave, held an Auto	ipsy 🖸,	Inspection [7]	Inquir	у 🖂	and	find that
death resulted	from: Natural	causes [],	Accident , Si	vicide 19. Hamic	ide 🗍, i	Indetermined	cause 🗍			
	La.	1	7-							
ACTUAL SIGNATURE	Entl	- 15m	/ /	M.D. CHIEF MEDICA	L EXAMINER				DATE S	IGNED
		/	1	ASSISTANT ME	DICAL EXAMIN	IER 🔲		12	- <	-60
EXAMINER'S NAME (Type)	Earl L. Ro	yer, M.I	5.	DEPUTY MEDIC	AL EXAMINER	8		-		
220. BURIAL, CREMATIO			NAME OF CEMETERY C	R CREMATORY	22d. LOC/	ATION (City, town,	or county)		(Stote	e)
Burial (Specify)	12/8/19	60 I	Asbury Churc	h Cemetery	Mt	Vernon	Ma	rvl	and	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		EC'D BY REGIS		STRAR'S SIG			
Hill & Joh	nson Co.	Salishu	rv. Marvland	DATE	EC & IGI	0 0.	1 - 0 4	-		

VS. A15ME(5) 5M 9/55

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District of the second	and the second second		Shelfelt	
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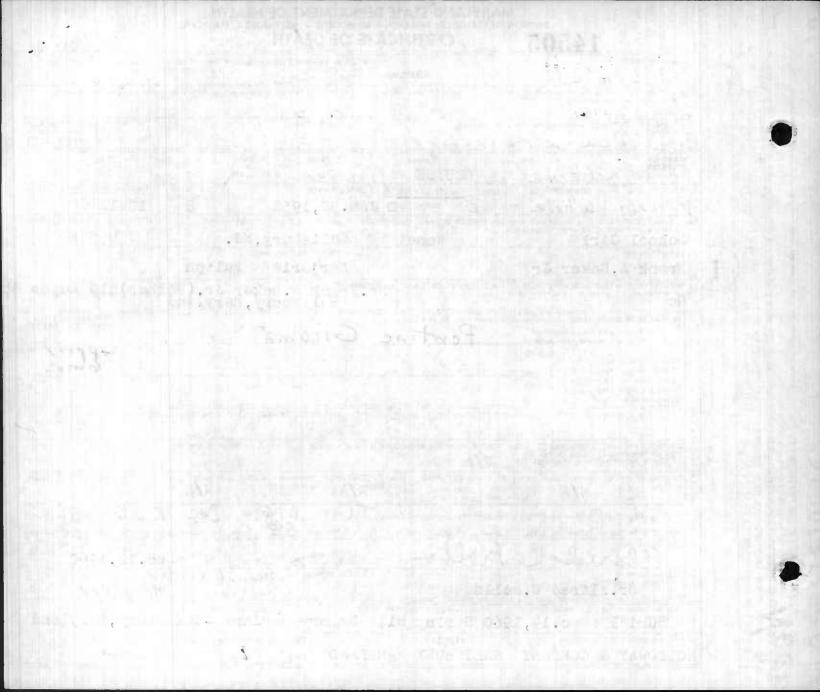
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14505

14486 .

1	1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WICOMICU
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALIS BUTY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	d. NAME OF HOSPITAL (If 961 in hospital, give street oddress) OR INSTITUTION PENINSWLA LENETAL	d. STREET ADDRESS Q19 Roger ST e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ASTINE LOUISE	Baker 4. DATE Month Day Year OF DEATH December 12 1960
	1	B. DATE OF BIRTH JAN - 30, 1952 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Manth Poys Hours Min. Manth Poys Hours Min. Min. Manth Poys Hours Min. Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School G1rl None	Salisbury, Md. USA
	Frank A.Baker Jr	Marjorie Fulton
1	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17M	r. Frank A. Baker Jr. (Father)819 Roger Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.	Glioma Interval Between onset and death
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an DEC 12-1960, and that a	JUNE 1. 1960, to Dec 12, 1960 that (1) (we) last death accurred a 5 A.M., from the causes and an the date stated above.
	220. SIGNATURE C Kolls	M.D. ATTENDING MED. STAFF Dec. 12.1960 SIGNED
	22c. PHYSICIAN: NAME (LYPE) Alfred C.Kolls	22d. ADDRESS Medical Center Salisbury, Maryland.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	or CREMATORY 1 Memory Gardens -Salisbury, Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MAR	YLAND DAJE 1 4 160 Cultura L. Kruma



	1		
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4	may be read to by the haspital ar attending physician.	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	the State Board of Health priar ta burial, cremation, or removal, and in any event within 72 hours after death.
VR 1S	A15 M 9/	59	

2

MARYLAND STATE DEPARTMENT OF HEALTH

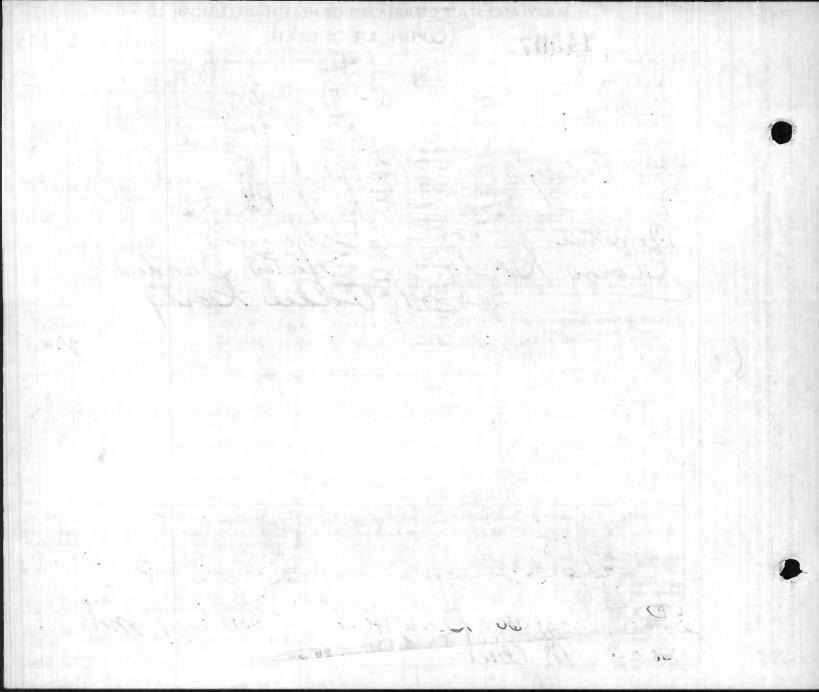
MARILAND	SIAIE DE	LWKIMEIA	I OF REALIN
IVISION OF STATISTICAL	RESEARCH AN	D RECORDS -	BALTIMORE 1, MARYLAND

PLACE OF DEATH	11/1/0	Item 9 Film		ESIDENCE (Whe	ere deceased	lived. If institution	on: Residence	before admi	ssion)
a. COUNTY Wi	comico	MARYL	AND g. STATE	Maryla	ind	b. COUNTY	Some	rset	-
b. CITY OR TOWN (If ou		te c. LENGTH OF STAY II	N 16 c. CITY C	R TOWN (If ou	utside corpor	ote limits, write R	URAL ond give	e nearest tov	vn)
Salisbury		787 days	Pr	incess	Anne.	Marylan	d	19X-	.2
d. NAME OF HOSPITAL (T ADDRESS				e. IS RE	SIDENCE A FARM?
Deer's H	ead State Ho	spital		Ro	ute #	1	FILE	YES [] NO [
NAME OF DECEASED	First	Middle		Last	4. DATE OF	Man		Day	Year
(Type or print)	Nettie			arbon	DEATH	12		14	1960
. SEX 6.	COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF B	RTH		9. AGE (In years last birthdoy)			-
Female	White WIDO	OWED DIVORCED	Oct.	13.18	73	AN A TYPS.	Months Do	ays Hours	Min.
a. USUAL OCCUPATION	Give kind of work done	06. KIND OF BUSINESS OR	INDUSTRY 11. BIRTI	HPLACE (Stote o	or foreign co	untry	12. CITIZE	N OF WHAT	COUNTR
during most of warking	ine, even if refired)	none	N	arvlar	nd		U.S.A		
3. FATHER'S NAME	ALCOHOLD NO.			R'S MAIDEN N.			V 17 0 2 1		
Georg	ze Llovd		hi) e	rv L	loyd				
S. WAS DECEASED EVER IN	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	11-4	LOya	Add	ress		
Yes, no, or unknown) If ye	s, give war or dates of service)			h-1		sal	isbur	V. M.C	
TIR CALISE OF DEATH	(Catalana da la cata	er line for (o), (b), and (c).1	hosp1	Lai Re	cord			INTERVAL E	
Conditions, if ony, gove rise to imm cause (o), stating the lying cause lost.	ediate (Carcinoma o	J. T.G. V A.L.	mey					
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS	ORMED?
									NO [
5		DESCRIBE HOW INJURY OC	CURRED IF	e af injury in P	ort I or Port	II of item 1B.)			
PART II. OTHER 20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI	NDERLYING [] 20b. CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OF	CORRED. (Enter natur						
20g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yeor 20		20e. PLACE OF INJUR factory, street, al	fice bldg., etc.)			(Cau	unty)	(Stat
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yeor 20	d. INJURY OCCURRED :	20e. PLACE OF INJUR factory, street, al	fice bldg., etc.)					
20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that (I	Month, Day, Yeor 20 19 at 1) (this haspifal) att	d. INJURY OCCURRED hile Not while work at work ended the deceased f	20e. PLACE OF INJUR factory, street, at	9 195	58ta_	or town) Dec• 4	1960	, that (I)	(we) la
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yeor 20 19 at 1) (this haspifal) att	d. INJURY OCCURRED hile Not while work at work ended the deceased f	PLACE OF INJUR factory, street, all from Octo	9 195 red at	M, fram	Dec• 4	1960	, that (I)	(we) la
20c. TIME OF INJURY Hour a.m. p. m. 21. I certify that (I saw the deceased 220. SIGNATURE	Month, Day, Yeor 20 19 at 1) (this haspifal) att	d. INJURY OCCURRED hile Not while work at work ended the deceased f	PLACE OF INJUR factory, street, all from Octothat death accur	9 195 red at ME	M, fram	or town) Dec• 4	1960	, that (I)	(we) la
20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that (I saw the deceased	Month, Day, Yeor 20 19 will all (this haspital) att	d. INJURY OCCURRED hile Not while at work at work at work 19 60, and the deceased for the d	PLACE OF INJUR factory, street, all factory, street, all factory. Trom	9 195 red at	M, from A.M.	Dec. 4 the causes an	19 60 and an the d	, that (I) date state 2 12/	(we) la d abav 2b. DATE
20c. TIME OF INJURY Hour a.m. p. m. 21. I certify that (I saw the deceased 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Month, Day, Yeor 20 19 Wint (this haspital) attractive an Dec	d. INJURY OCCURRED hile Not while work at work ended the deceased for 19 60, and followed the deceased for 19 60, and followed the deceased for 19 60, and followed the deceased	PLACE OF INJURE factory, street, of that death accurrent M.D. ATTENDAMENT. M.D. ATTENDAMENT. 22d. AD De	9 195 red at 5:20 ping	M, from A.M.	Dec. 4 the causes an STAFF PHYS.	, 1960 and on the d	, that (I) date state 2 12/	(we) la d abave 2b. DATE 5/60
20c. TIME OF INJURY Hour a. m. p. m. 21. I certify that (I saw the deceased 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Month, Day, Yeor 20 19 will all (this haspital) att	d. INJURY OCCURRED hile Not while work at work	PLACE OF INJURE factory, street, of that death accurrent M.D. ATTENDAMENT. M.D. ATTENDAMENT. 22d. AD De	9 195 red at MEDING MED	M, from A•M• D. D	Dec. 4 the causes an	, 1960 and on the d	, that (I) date state 12/	(we) I

CONTRACTOR OF STREET AND THE POWER PROPERTY OF THE PARTY OF THE P

VS A15 (4) 15M 9/5B

	MARYLAND STATE DEPARTMENT OF H	HEALTH—BALTIMORE, 18
	14507 CERTIFICATE OF D	DEATH Reg. Dist. No. 14488
	1. PLACE OF DEATH O. COUNTY O. STATE	DENCE (Where deceased lived. K institution: Residence before admission)
	RUMAL ond/give negrest town) Lacustury Lacustury	TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET A 3/6	ADDRESS Clerch Ship on a FARM? YES NO. NO.
	3. NAME OF DECEASED (Type or print) Dely Dayon	d DEATH 12 25 1960
	5. SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIED B. DAYE OF BIRTI	Of Strittday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working little even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL	Vicinio
	Degrae Dordy &	lester Drader
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or unknown) Wife, give wor or dates of service) 218-16-5791	die Lordy
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of other of work of the position	
	21. I certify that I ottended the deceased from 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	ACTUAL SIGNATURE M.D	7 W/ main 1 27 Dac 63
)	PHYSICIAN'S NAME (Type) 22d Burial, Cremation, 22b. Date thereof 22c. Name of Cemetery of Crematory	22d_LOCATION (Lity, town, or county) (Stole)
-	23. FUNLERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 4. 161 C. July S. Frank



AAADVIAND STATE DEDADTAAENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH	AND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH
14308 CERTIFICA	14489
1. PLACE OF DEATH O. COUNTY MARYLAND	a. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town)	c. CITY OR TOWN (If a) side corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (It not inhospitol, give street oddress) POR INSTITUTION POR INSTITUTION POR INSTITUTION	d. street ADDRESS De Camden AVE o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARA	Bernan V 4. DATE Month Doy Year DEATH DEEm Day 1960
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 18,1900 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Only 18 Only 18
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retited) House Work at Home None	ISTRY 11. BIRTHPLACE (State or foreign country) Russia USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Budefsky	(No Record)
16. SOCIAL SECURITY NO. (16 yes, give war or dates of service)	Leon Berman(Son)509 Camden Ave. Salisbury, Maryland
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Internal Therman Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) (b) (c)	Alexandervain 291.
gove rise to immediate couse (a), stating the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

PERFORMED? YES NO IN

CERTIFICATIO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) street, office bldg., etc. o. m Not while N/A 19 of work 21. I certify that (I) (this haspital) attended the deceased fram M, fram the causes and on the date stated above and that death occurred at saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. Dec. 6,1960

220 PHYSICIAN'S NAME (Type) David 22d. ADDRESS - Salisbury, Maryland J. Gilmore Medical Center

23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 960 Mt. Sharon Cemetery Dec

23d. LOCATION (City, town, or county) Springfield, Penna.

25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEC 9 HOLLOWAY COMPANY SALISBURY MARYLAND Carthur S. Hours DATE

TO HOSPITAL VR A1S (4) 1SM 9/S9

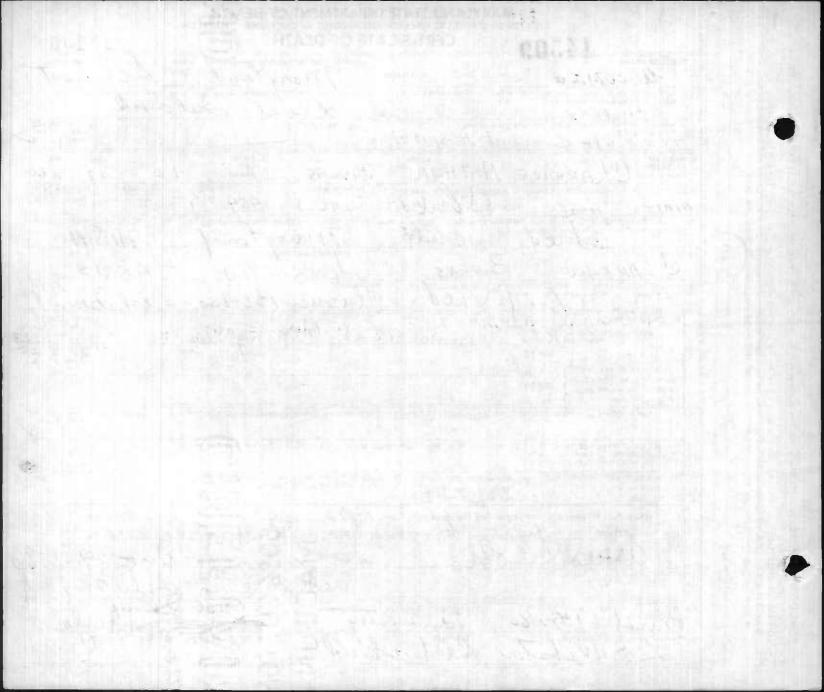
What is trubently the Paralle COMMON AND DESCRIPTION OF THE SAME OF THE Lang Miles 2 / SEC - Albania - John Managar Barana Barana THE REPORT OF THE PROPERTY OF the arter to the land america and the ters, and the last to be an established to the last to with the little back of the same than the sa

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1/500

14490

					<u> </u>
1. PLACE OF DEATH O. COUNTY/COMICO	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE) Mary (A P COUNTY -	Residence befare admi	ession)
b. CITY OR TOWN (If outside carporate limits, RURAL and give negrest town)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside		AL and give nearest tow	vn)
d. NAME OF HOSPITAL (If not in haspital, give or INSTITUTION + ENERGY OF CONTROL OF CONT	/ 11-01 101	d. STREET ADDRESS	19	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) CLARENCE	ARTHYR	- D	DATE Month OF DEATH / 2	Day 19	Year 19 60
willer I will	MARRIED NEVER MARRIED	8. DATE OF BIRTH JUNE 8-19	A STATE OF THE PARTY OF THE PAR	Hours Doys Hours	1
10a. USUAL OCCUPATION (Give hind of wark da during most of working life, even if retire)	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or for	reigh country)	2/15 A	COUNTRY
13. FATHER'S MAME	BIVENS	14. MOTHER'S MAIDEN NAME	HA H	ARRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCE [Yes, no, or unknown) (If yes, give war of dates of env	STY 16 SOCIAL SECURITY NO. 17. H	Plarence B	weas - L	eal Isla	my
PART I. DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under. Lying couse last.	PNPUMOCOC	ial Menin	9175	INTERVAL E	
_	TIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL	disease condition given	N IN PART 1(0) 19. WAS PERF YES	ORMED?
	Db. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1	or Part II of item 1B.)		
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p. m.		ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	Of. (City or town)	(County)	(State
21. I certify that (1) (this haspital) saw the deceased alive an 12	attended the deceased fram	leath accurred at M,	fram the causes and		d abave
220. SIGNATURE C	olls	M.D. PHYS. MED. DIRECT	OR STAFF	ec 19-	SICNED
22c. PHYSICIAN'S NAME (Type)	REMAINS TO	22d. ADDRESS (enter - S	alisbury	m
23a. Byrial, CREMATION. 23b. DATE THEREOF	23c. Name of CEMETERY OF John Wes		I OCALOPULLIY, 12-24	wars!	ite)
24. FUNERAL PIRECTOR'S SIGNATURE	i Dial Di	DATE CO BY	0	KAR'S SIGNATURE	



TO HOSPITAL

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

	74010	CERTIFICA	IL OF DEATH		1449:
1.	COUNTY MICE MICE	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY	Residence before admission)
	o. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	RITAL PY	tside carporate limits, write RURAI	L and give nearest lawn)
	NAME OF HOSPITAL (If not in haspital, give street of ORINSTITUTION ENTRY SUITE SERVI	4 HOSPITAL	d. STREET ADDRESS	19	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	R Middle	BOUNDS	4. DATE Month OF DEATH DECEMBE	Day Year 19 6 0
S. :	1979LE WIDOWE		B. DATE OF BIRTH	1 1 1 1 1 1 1	UNDER 1 FEAR IF UNDER 24 HRS. onths Days Haurs Min.
100	USUAL OCCUPATION (Give kind af wark dane 10b. I yauring mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 1. BIRTHPLACE (State of	r foreign country)	12.CITIZEN OF WHAT COUNTRY?
13.	Samuel D. Bo	unds	14. MOTHER'S MAIDEN NA	Noble	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 1771	ttie Boune	do Mt. Vern	on Md.
	1B. CAUSE OF DEATH [Enter only one cause per lin	e far, (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bar his	22212		ONSET AND DEATH
	DUE TO	0 11		to Car	- say
	Canditions, if any, which)	Deriver Dr	atitis 1		
	gave rise to immediate	1 1/2	of one buffer	wing.	
	cause (a), stating the <u>under-</u> lying cause last.	4			
Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY
CATIC	Fred Paction	etal offit	Time Copering	£ 2 1/000 7	PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	irt I of Part II of item 18.)	
MEDICAL			ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
MED	Haur a. m. While p. m. 19 at wark	ITOI WILLIE	ctary, street, affice bldg., etc.)		
	21. I certify that (I) (this haspital) attended	ed_the deceased fram.	NOVEMBER1796	30, to DECEMER 7.	19.60, that (I) (we) last
	saw the deceased alive an DECENTRER	7 1960, and that a	leath accurred at 2000	M, fram the causes and a	in the date stated above.
	220. SIGNATURE	75/	ATTENDING MED		22b. DATE SIGNED
	22c. FHYSICIAN'S NAME (Type)		22d. ADDRESS	listy had	_
230	BURIAL, CREMATION, 236. DATE THEREOF	1230 NAME OF CEMETERY O	R CREMATORY 2	23d ALGCATION (City, town, or co	ounty) May
1	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	~ ~ ~ ~ ~	4 - 100	R'S SIGNATURE
1	ENEW Munico Pr	unclai 4m	ME MERCEDATE DEC	19'60 arilus	7 S. Firank

- Surging State of the State of 33,381564 Some of D. Bounds Salle Noble

	1451		TICAL RESEARCH	DEPARTMENT OF AND RECORDS — BALTILLE OF DEATH	MORE 1,			1.4
. PLACE OF DEATH o. COUNTY	Vicomico		MARYLAND	2. USUAL RESIDENCE (WO. STATE Mary		d lived. If institution b. COUNTY		nce befo
b. CITY OR TOWN (IF RURAL and give near Salisbury			e 12/16/60	c. CITY OR TOWN (IF		orote limits, write R	URAL ond	give nec
d. NAME OF HOSPITA OR INSTITUTION Pine Blu	L (If not in hospitol, gi			d. STREET ADDRESS	ad St	reet		
NAME OF DECEASED (Type or print)	firs Charl		Middle Leslie	lost Bourne	4. DATE OF DEATH	Mon Dec		Do 2
Male Male	White	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 16, 18	877	9. AGE (In years lost birthdoy) 83 yrs.	Months Months	
during most of working	N (Give kind of work d ng life, even if retired) D. Grier			JSTRY 11. BIRTHPLACE (Stote Hamburg		York	12.CIT	USA
3. FATHER'S NAME Charles	Warren Bo	urne		14. MOTHER'S MAIDEN		ck		
S. WAS DECEASED EVER	IN U. S. ARMED FORCE tyes, give wor or dates of se	rvice)	SECURITY NO. 17.1 -10-8994	Records of	ine l	Martin(#Bluff Sta	Xc.)	Sal losp
PART I. DEAT	H [Enter only one county H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Arteri		cardio-vasc	cular	disease		INTI ONS U
Conditions, if on gove rise to im couse (o), stoting the	y, which (b) mediate the under-							

e admission CO

rest town)

e. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS. Hours

WHAT COUNTRY?

60 19

Min.

isbury, Md ital RVAL BETWEEN ET AND DEATH nknown CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I Pulmonary Tuberculosis 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) N/A 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that (1) (this haspital) attended the deceased from Dec. Dec. 28 19_60 that (1) (we) last .ta 1960, and that death accurred 20:0M, from the causes and an the date stated above. saw the deceased alive an Dec. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 60 M.D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ritchings Salisbury, Maryland 23b. DATE THEREOF 230. BURIAL CREMATION, 23d. LQCATION (City, Iown, or county) 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) PROSPECT 96 Jan a ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

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THE COURT IS HERE THE WAY TO SHARE THE PARTY OF THE PARTY in the state of th x C. P. C. Dillarde Co. The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
14512 CERTIFICATE OF DEATH

14493

1. PLACE OF DEATH o. COUNTY						
	Wicomico	MARYL	n STATEVIC SORE	(Where deceased lived land	b. COUNTY W10	nce before admission)
b. CITY OR TOWN (I	If outside corporate limits, vectors town) Soury	vrite c. LENGTH OF STAY II	## m	l (If outside corporate li 1sbury	mits, write RURAL and	give nearest town)
d. NAME OF HOSPIT OR INSTITUTION 3002 OC	AL (If not in hospital, give	street oddress) XXX Road .	d. STREET ADDRES	cean City	Road.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Beulah First	Elizabeth	n Bratten	4. DATE OF DEATH	Dec. 21	Day Year 60
5. SEX Female	white w	MARRIED NEVER MARRIED	June 9.		2 pirthdoy) Moghs	P2 Hours Min.
during most of work	ON (Give kind of wark done king life, even if retired)	10b. KIND OF BUSINESS OR C.& P.TEL.	CO. Wore			TIZEN OF WHAT COUNTRY
3. FATHER'S NAME Horace	Thomas Pe	nnewell		le E. Pus		
	R IN U. S. ARMED FORCES (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.		Jesse T. City Road		(Husband) ury, Md.
	NTH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which mmediate DUE TO	per line for (a), (b), and (c).] me to ste tu (ar cunomo	of bear	of lung		INTERVAL BETWEEN ONSET AND DEATH 6 7 CC
ACCIDENT WA			TH BUT NOT RELATED TO THE T			RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH					
20c. TIME OF INJUR		20d. INJURY OCCURRED While Not while of work	20e. PLACE OF INJURY (Home, factory, street, office bldg.		wn)	(County) (State
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify tha	at (1) (this haspital) a sed alive an 12/s	While Not while of wark of ot work the deceased f	factory, street, office bldg.	, 19.40 , to LOPA, from the	causes and an th	60, that (I) (we) las

may be retained by the haspital ar attending physician.

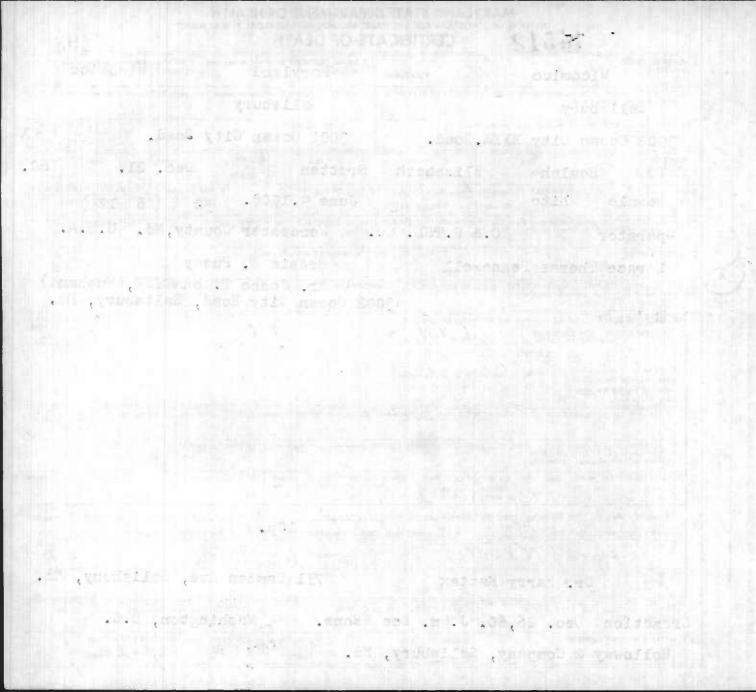
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event-within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur?

r death. Page 4

VR A15 (4) 15M 9/59

TO HOSPITAL



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residente 1. PLACE OF DEATH a. COUNTY director. Page e. STATE b. COUNTY necessary Wicomico MARYLAND Maryland Wicomico
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (il outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Salisbury Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE for d. STREET ADDRESS 3 to the funeral refained YES NO State Road Middle Month DECEASED OF the (Type or print) DEATH 12-9-60 Brewington with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 2 with ss 1, 2, and 3 bage 5 may 1 and 2 will lest birthdey) Hours WIDOWED T DIVORCED 6 December within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, avan If retired) in pencil in Item 18. Give Pages 1, "armer 14. MOTHER'S MAIDEN NAME U.S.A. WITE File-pages form PM3. 13. FATHER'S NAME Catherine Shennard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Browington
16. Social Security No. 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with famousit permit aburial-transit permit amoval, and in any e **EXAMINER**: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause partine for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal. Conditions, if any, which (b) ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C **FUNERAL DIRECTOR**: Page 3 should be used as a bits designated agent, prior to burial, cremation, or rem gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of Injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Da, PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Y Inquiry and in my opinion MEDICAL death resulted from: Accident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 12-12-60 Royer EXAMINER'S DEPUT Maddress (Street, city, town, or county) NAME (Type) please 220. BURIAL CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 Burral 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VS. A15ME Orthung S. Kraus DADEC 15 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 14566 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Wicomico Wicomico Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Delmar pin vrs Delmar d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION East Street East Street .5 NAME OF First 4. DATE Middle Lost Month Day filled DECEASED OF DEATH (Type or print) Julia Dec. 19th Brewington 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Dovs DIVORCED T WIDOWED | Feb. 10.1880 Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home puo Home New York TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wenish Augusta Sheriff hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Oscar Brewington Delmar 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and o(c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO cerebral autorioselanos Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY arterioselans 200. ACCOUNT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. Not while at work of work 1960, that I last saw the deceased 21. I certify that I attended the deceased fram... and that death accurred at # M, from the causes and an the date stated above. ADDRESS (Street, city of Jown, state) ACTUAL SIGNATURE pluous Sohlen PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Olive

ADDRESS

e. IS RESIDENCE

ON A FARM? YES NO IX

Yeor

PERFORMED? YES [7]

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Delmar

240. REC'D BY REGISTRAR

DATE EG 2 3 '60

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(State)

19 60

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220. BURIAL, CREMATION, 22b. DATE THEREOF

12-21-60

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CEDTIEICATE	OF DEATH	

			CERTIF	ICAI	E OF DEA	III		Reg. Di	st. No.	14	431
1. PLACE OF DEATH G. COUNTY	omico		MARYL		USUAL RESIDENCE (b. COUNTY			admissi	on)
	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (est town	1
RURAL ond give r	nearest town)						TOTA HITTIS, WITHOU	12	Bive neone	231 10411	
Salisk	ITAL (If not in hospital, o	file Arrah	10 years	3	Balisbur			10	4	10.0001	051155
OR INSTITUTION	TIAL (IT NOT IN NOSPITOL, S	ive street	oddressj		210 Sno		Road	1			FARM?
3. NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE	Mor	nth	Day	Υ	l'ear
(Type ar print)	Harry	Aug.	W.	Br	OWN	DEATH	Dec.	5		1	960
5. SEX	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE (In years			UNDE	R 24 HRS.
male	white	WIDOW	ED DIVORCED	Dieb	.4, 1883	5	last birthday)	Months	Days	Hours	Min.
during most at wo	rking lite, even it retired)	KIND OF BUSINESS OR	INDUSTRY			ountry)				COUNTRY
retired	1 armer]	l'arming	1.	Delawa				.S.	A .	-
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME					
Jan	nes brown				sarah	Baily					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	ervice)	SOCIAL SECURITY NO. 17-36-0941	17. INFO		m Phon	Add bas [+ i.e.	-	Mur	H.	
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	ATH [Enter only one co ATH WAS CAUSED BY:	ouse per li	ne for (o), (b), and (c).]		1 1.	,			ONSE	VAL BET T AND	DEATH
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4-7	O DUE TO)	1 ,	/		1	. /			-	
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lying cause last	ine under-								150		
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Ĭ.	Co	n 80_	true leas	LL	arleed					PERFOR	
20g. ACCIDENT W	AS UNDERLYING T	206. DES	CRIBE HOW INJURY OC	CURRED A		in Part I or Part	t II of item 18.1				140 🖂
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)										
20c. TIME OF INJU	RY Month, Day, Ye			20e. PLACE	OF INJURY (Home, for, street, affice bldg.,	orm, 20f. (City	or town)	(0	County)		(State)
20c. TIME OF INJU Hour o. m.	19	White at wor	k at work	racion	, sireer, dirice blog.,	aic.j					
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alive on_12	1	127	and that o	death ac	corred at /		n the causes o		he date		
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SIGNATURE	X MAN	110	when	M.D	7/200	icu.	~	4	8 1	HC	- (01
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	ON, 226. DATE THEREC)F	22c. NAME OF CEMET	TERY OR CI	REMATORY	22d. LOCAT	TION (City, town,	ar county)		(State	1
REMOVAL (Specify	12-8-19	60	Olived C	aniat	A 2028	lear	Prince	age A	nam	h.f.	d.
23. FUNERAL DIRECTO		-)-	ADDRESS		24g, RI	EC'D BY REGIST	RAR 24b. REGI	STRAR'S SIG		, IVI	~ •
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

14010 C	ERTIFICAT	E OF DEATH	1		1	4.49	7	
PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (V		ved. If institution b. COUNTY			ian)	
Wicomico		Mary!			Wicom			
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (II	f outside carporot	e limits, write RU	₹AL and give n	earest tawn)	
Salisburk		Delma	ar					
d. NAME OF HOSPITAL (If nat in haspital, give street address)		d. STREET ADDRESS				e. IS RES	DENCE FARM?	
eninsula General Hospi	tal	300	Chestnu	t. St.			NO T	
NAME OF First	Middle	Last	4. DATE	Manth			/ear	
DECEASED TIODAGE DATE	_	Last	OF DEATH	M	1	1,-		
		SCOND		Heccm	FUNDER I YEA		960	
SEX 6. COLOR OR RACE 7. MARRIED NE		DATE OF BIRTH			Manths Days		Min.	
male While WIDOWED [890	70 yrs.				
 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF Biduring mast of working life, even if retired) 	USINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te ar foreign cau	ntry)	12. CITIZEN	OF WHAT C	OUNTRY	
Retired Railroad Employee		Wicomico	County	.Md.	US	A		
FATHER'S NAME		14. MOTHER'S MAIDEN						
Noah James Brown		Louisa A						
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (es, no. or unknown) Ilf yes, give wor or dates of service) Unk	URITY NO. WINE	Wälter J. Rue Hasti	Brown(E	rother ster 30	Delma O Ches	r Ma	ryla	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (t		. 4	Delma	ar Mary		TERVAL 8E		
	1, and (c).]	th 1	^	,		NSET AND	DEATH	
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	norg)	munuty.	25			10 m	-57	
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Canditions, if any, which	is des	of firm	de (165 culo	-	106	ns.	
gave rise to immediate DUE TO		//		1 1	,			
lying cause last. (c)				certon				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	NG TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS PERFO	RMED?	
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED.	(Enter nature of injury i	in Part I ar Part I	af item 18.)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCC While Nat wat wark of war	URRED 20e. PLAC	CE OF INJURY (Hame, fa	irm, 20f. (City a	r tawn)	(Caunt	y)	(State	
Haur a.m. N/A 19 While Nat w	hile facto	ary, street, office bldg., e	etc.) N					
p. m. 11/A 19 at wark at war	/k	11/11	14/	44	-1127.2			
21. I certify that (I) (this haspital) attended the d	eceased fram		12 , .to		_, 19,	thot (1) (we) las	
saw the deceosed alive on 12-15 196	U, and that de	ath occurred of	S.M. from th	ne causes onc	an the do	te stated	abave	
22a. SIGNATURE			1			221	DATE	
wee to the	- 13. M	.D. PHYS.	MED. DIRECTOR	STAFF D	ec. 15	,196	O	
22c. PHYSICIAN'S	11	22d. ADDRESS		10000				
NAME (Type Dr. William H. Fishe	rJr	Medical	Center	Salt	sbury,	Mary	land	
DEMOVAL (Specific)	NE OF CEMETERY OR			ON (City, tawn, at		(Stat	ej	
		Cemetery		isbury				
FUNERAL DIRECTOR'S SIGNATURE ADDR			C'D 8Y REGISTRA		RAR'S SIGNAT	URE		
HOLLOWAY & COMPANY SALIS	BURY MAR	YLAND DATE	DEC 2 0 '6	0 0	T1 0 6	-		

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may be rethered by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. fer death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL may be reto

VR A15 (4) 15M 9/59

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1	1.	PLACE OF DEATH o. COUNTY	Vicomico	MARYLANI	o. STATE	DENCE (Who	ere deceased lived. b	. COUNTY	ence before od	
A		RURAL and give p	If outside corporate limits, wr georest town) arsonsburg	3-months	12	TOWN (IF or	utside corporote lim		d give nearest	lown)
14		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st Vichols Nurs	sing Home	d. STREET A		.Isabel	la St	0	RESIDENCE N A FARM? NO K
		NAME OF DECEASED (Type or print)	SIDNEY	Middle EDWARD	CALLOWAY		4. DATE OF DEATH	Month DECEMBE		Yeor EH9 6
		Male	White wo	MARRIED NEVER MARRIED OWED DIVORCED	June 2	. 18	85 lost	75 yrs. 6	28	urs Min.
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			Edward Call			y Ja	ne Ellic			
I)5: •	s. no or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		r.C.Edwa	rd Ca Sali	alloway(sbury,Ma	Son 625		vision
5	CATION	Conditions, if c gove rise to couse (o), stoting lying couse lost.	the under-	Cerebro Hyper ONS CONTRIBUTING TO DEATH	- Vas	O THE TERMIN	LVS NAL DISEASE CONT	Disease Disease Distribution GIVEN IN P.	ART 1(0) 19. W	AS AUTOPSY RFORMED?
	CERTIFI	200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR N/A Ded. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm,	, 20f. (City or tow		(County)	(Stote
	MEDICAL	Hour o.m.	N/A 19 of	/hile Not while work of work	N/A		1	N/A		
		21. I certify the saw the decea 220. SIGNATURE		tended the deceased frame			M, from the co	auses and an t	he date sta	ted abave
1		22c. PHYSICIAN'S	Wand	Smith	M.D. PHYS.		ED. STAI	s. Dec	. 30	226. DATE SIGNED /1960
		NAME (Type)	r.William B		Sali		y, Maryla			
9		burial Specify	7 7	O PARSONS	OR CREMATORY CEMETERY			ity, town, or county	ryland	Stote)
3,		OLLOWAY		SALISBURY MA	RYLAND	250. REC'E	BY REGISTRAR	25b. REGISTRAR'S		

MARYLAND STATE DEPARTMENT OF HEALTH

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ams Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY. Page b. COUNTY COM MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) c. LENGTH OF STAY IN 16 write RURAL end giva nearest town) Arsons buro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS Por IS RESIDENCE Boa ON A FARM? and 3 to the funera be retained the State B YES NO V death. 3. NAME OF Middle Month Dev Yeer DECEASED OF (Type or print) with the DEATH 19 23 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED I AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may lest birthdey) pages 1 and 2 within 72 hours Months WIDOWED EDICAL EXAMINER: This certificate should be executed within 24 hours after S 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page **FUNERAL DIRECTOR**: Page 3 should be used as a burial-transit permit. File pages 1 an done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give we ror dates of service) r's Office along with for a burial-transit permit removal, and in any e 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) hours DUE TO Conditions, if any, which (b) geve rise to immediata cause DUE TO (a), steting the underlying ŏ cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? Arteriosclerotic heart disease NO Cren 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Walking in remote area poorly dressed CAUSE OF DEATH. Sub freezing temperature AEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) to. Not While 19 60 et work at work prior nr. Parsonsburg Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. NAME OF CEMETERY OR CREMATORY 22c. 22d. LOCATION (City, town, or country) (State) SI REMOVAL (Specify) Ö 0 940 23. FUNERAL DIRECTOR ADDRESS 24b. REGISTRAR'S SIGNATUR VS. A15ME 5M 7/59

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The law	g pnysic	has b	urial-t	mayo
A: The Idw	aing priysic	are has b	poriol-	remove
AN: The low	ending physic	icate has b	the burial-t	or remove
CIAN: The Idw	arrending physic	rtiticate has b	as the burial-t	an. or remove
TSICIAN: The Idw	ir arrenaing physic	certificate has b	e as the burial-t	ation, or remove
HISICIAN: The Idw	ar arrenaing physic	is certificate has b	use as the burial-t	motion, or remove
PHISICIAN: The Idw	ital ar arrenaing physic	this certificate has b	ar use as the burial-t	remation, or remove
NG PHISICIAN: The low	spiral or arrenaing physic	fer this certificate has b	far use as the burial-t	cremation, or remove
DING PHISICIAN: The 10W	naspiral ar arrenaing physic	After this certificate has b	hed far use as the burial-t	iol. cremation, or remove
NOING PHISICIAN: The Idw	ne naspiral ar arrenaing physic	k: After this certificate has b	ached far use as the burial-t	purial cremation or remove
LENDING PHISICIAN: The IOW	The haspital or attending physic	OR: After this certificate has b	etached far use as the burial-t	buriol, cremation, or remove
ALIENDING PHISICIAN: The IOW	by the naspital or attending physic	CIOK: After this certificate has b	e detached far use as the burial-t	r to buriol, cremotion, or remove
Allending Phrsician: the low	ed by me naspiral ar arrenaing physic	RECION: After this certificate has b	be detached far use as the burial-t	rior to buriol, cremation, or remove
ALIENDING PHISICIAN: The Idw	rived by the haspital or attending physic	DIRECTOR: After this certificate has b	ld be detached far use as the burial-t	prior to buriol, cremation, or remayo
ALENDING PHISCIAN: The IOW	etarried by the naspital or attending physic	AL DIRECTOR: After this certificate has b	auld be detached far use as the burial-t	or prior to buriol, cremation, or remove
ALIENDING PHISICIAN: The IOW	reformed by the haspital or attending physic	KAL DIRECTOR: After this certificate has b	shauld be detached far use as the burial-t	stror prior to buriol, cremation, or remove
SPILAL ALLENDING PHISICIAN: The IOW	be reformed by the naspital or attending physic	NEKAL DIRECTOR: After this certificate has b	3 shauld be detached far use as the burial-t	egistrar prior to buriol, cremation, or remove
JOSPILAL ALIENDING PHISICIAN: The Idw	be retained by the naspital or attending physic	UNERAL DIRECTOR: After this certificate has b	ge 3 shauld be detached far use as the burial-t	registrar prior to buriol, cremation, or remove
IC NOVING METANICANIST THE DATE OF THE DATE OF THE OFFICE OF EXECUTED WITHIN 24 HOURS OF LOGICIES OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF	may be retained by the haspital or attending physician.	I C FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral afternation	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shauld be tited w	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after dealth.

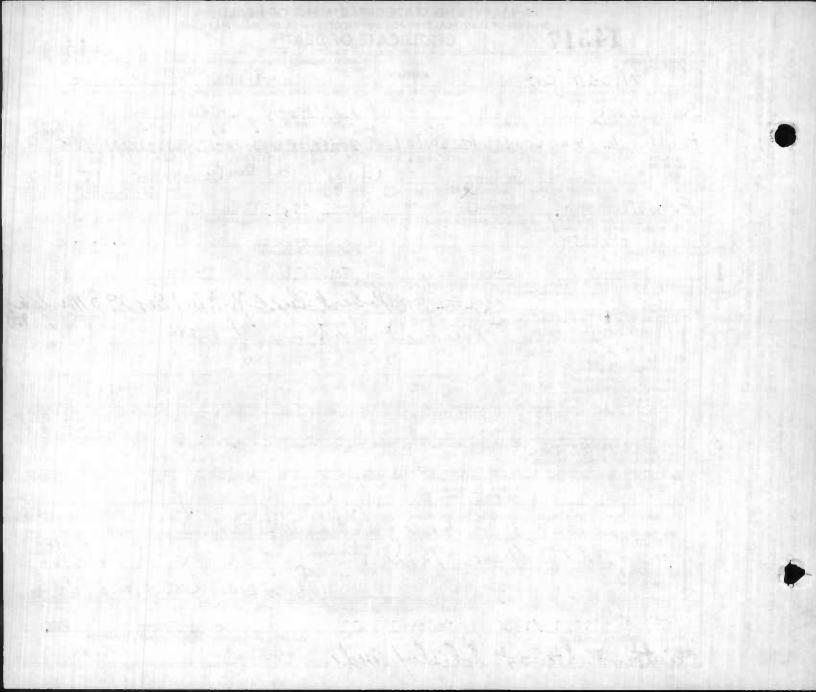
VS A1S (4) 1SM 9/SB

		MARYLAN	ND STATE DEPART	MENT OF HEALT	TH-BALTI	IMORE, 18	3	
		14516	CERTIFIC	ATE OF DEAT	ГН		Reg. Dist. No.	14500
	o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (* o. STATE Mary		ived. If institution b. COUNTY	Residence before Queen A	. 10
	b. CITY OR TOWN	(If outside carporate limits, w	ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporol	te limits, write RUI	RAL ond give neare	st tawn)
1	Salis		5 days	Centre	eville.	Maryland	17	X-2
	A NAME OF HOSPI	TAL (If not in haspital, give st Deer's Head St	tate Hospital	d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO
	B. NAME OF First DECEASED (Type or print) Maude		Middle	Lost	4. DATE OF DEATH	Month		Year
ŀ			F.	Clayville		Dec	F UNDER 1 YEAR IF	19 60
1	Female	T.70 1 1	WARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4-10-75	у.			Hours Min.
	10a. USUAL OCCUPATI	ON (Give kind of wark done	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sec	ote or foreign cau	ntry)	12. CITIZEN OF W	HAT COUNTRY
ı	during most of wal	rking life, even if retired)	unk	New J	ersey		USA	
1	13. FATHER'S NAME	Benjamin Pull	len	14. MOTHER'S MAIDEN	unk	La Pin		
ŀ	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		INFORMANT	ann	Addres	\$\$	
	(Yes, no, or unknown) UNK	(If yes, give war or dates of service)	unk	Hospital Reco	ords S	Salisbury	y, Maryla	nd
	PART 1. DE 420 Conditions, if a gave rise to couse (a), stoting lying couse lost.	the <u>under-</u> DUE TO	Mys Euch as	relial .	Infa Ulus	iò sce	onse on	AL BETWEEN AND DEATH
	CATIC		ONS CONTRIBUTING TO DEATH BI	OF NOT KEENTED TO THE TEN	KMINAL DISEASE	CONDITION GIVE		PERFORMED?
		AS UNDERLYING D G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port I	l of item 1B.)		
	20c. TIME OF INJU Hour o.m. p. m.	W		PLACE OF INJURY (Home, for factory, street, office bldg.,		r town)	(County)	(Stote
1	21. I certify t	hat I attended the dec	ceased fram Nov. 29	, 19 60, ta	Dec.	4. 19 601	hat I last saw	the decease
1		ec. 10 10		th accurred a2:154	M, fram th			
	ACTUAL SIGNATURE	Ludo	Lawry	M.D. Salisbury		et, city or town, st and	12-4-	DATE SIGNE
	PHYSICIAN'S NAME (Type)	Lawry, Lee I	, M.D.					
	220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY	OF CREMATORY	Leven	ON (City, town, or anne (County)	(State) Mid
	23. EUNERAL DIRECTOR	L'ane Ch	urch Hill	mo 24a. RI	EC'D BY REGISTRA		RAR'S SIGNATURE	

a proceeding and the rames Decided events again when Mys cardial dyanet 3.6

that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND



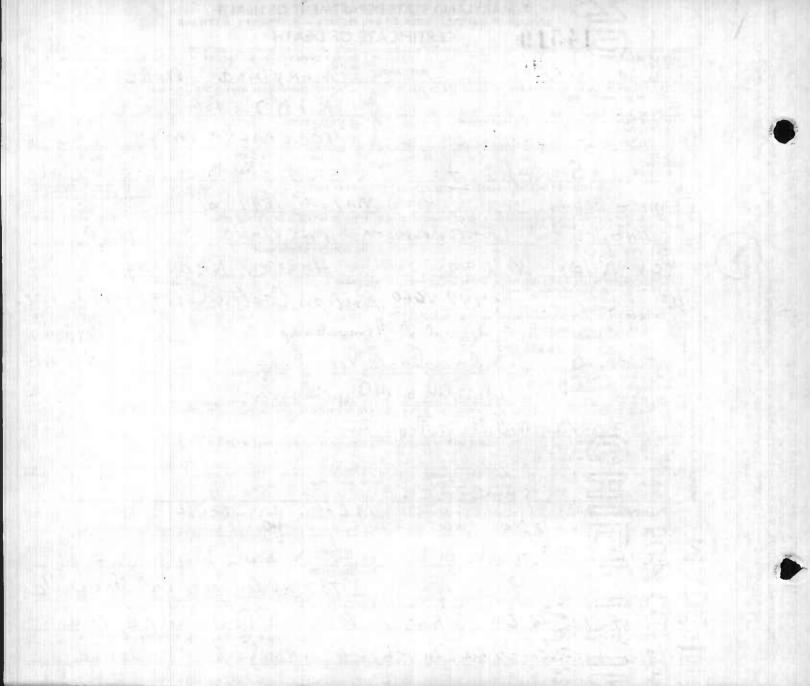
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

arrend Throm bours Kunnaling of artiris a slevens 18 yes

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 14519 CERTIFICATE OF DEATH WIT director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed a. STATE MARYLAND OR erol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neorest town) should d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? by 12 OCDMOKE YES NO TO pup . 5 NAME OF 4. DATE First Middle Month Year Day filled DECEASED (Type or print) DEATH Poges 19 68 FCFMBFA S. SEX 7. MARRIED THEVER MARRIED 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH completely last birthday) Manths Days Hours WIDOWED [DIVORCED | papers. off 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LABOYEY puo 13. FATHER'S NAME 14. MOTHER'S physicion thin. remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO ottending pleose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO p permit. Conditions, if ony, which (b) hos been signed gove rise to immediate DUE TO couse (o), stating the underlying couse lost. buriol-tronsit 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(m) 19, WAS AUTOPSY cremotion, PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) Hour o. m While Not while at work at wark 1960, to 12 Dec 21. I certify that (I) (this haspital) attended the deceased from 10 DEC 1960, that (1) (we) last pa 1960, and that death accurred at THM, from the causes and on the date stoted above. saw the deceased alive an la detoch DIRECTOR: 22a, SIGNATURE 22b. DATE by SIGNED ATTENDING MED. pe PHYS. M.D. PHYS. Board 22c. PHYSICIAN'S should 22d. ADDRESS NAME (Type) moy be remo Camben Cert poge 3 sh the Stote 3 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10 ADDRESS 25b. REGISTRAR'S-SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) DATE DEC 1 9 '60 1SM 9/59

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RYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours the death. Page 4	
may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	1
page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board af Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.	

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MARYLAND STATE DEPARTMENT OF HEALTH

145 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2 2 0 10 0	CERTITICA	IL OI DEATH	14504
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution	: Residence before admission)
· COUNTY WICOMIED	MARYLAND	o. STATE MARYLAND b. COUNTY	WORCESTERV
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUI	RAL and give nearest town)
RURAL ond give neorest town)	1 DAY	POCOMOKE CITY	2347-
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Teninsula General	Hospilal	OAK STREET	YES NO NO
3. NAME OF First DECEASED	Middle	s Last 4. DATE Month	
(Type or print)	H. U	OVINGTON DEATH Lecem	ber 2 1960
S. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	Di Ditte Oi Delitti	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1011010	OWED DIVORCED	APRIL 7, 1874 86 YIS.	
10o. USUAL OCCUPATION (Give kind of work done a during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	IMS	UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) { If yes, give war or dates of service}	16. SOCIAL SECURITY NO. 17. IP	NFORMANT	ss
NO -	- Ho	WARD W. COVINGTON, POC	OMOKE CITY, M
18. CAUSE OF DEATH [Enter only one couse pe		11 0	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	1 p. etan	Hemmorlians	ONSET AND DEATH
IMMEDIATE CAUSE (6)	equivar,	1000 y wage	recan
Conditions, if ony, which (b)			
couse (a), stating the under-			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO IN
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	7
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
3 20c. TIME OF INJURY Month, Doy, Year 20	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
	hile Not while for	ctory, street, office bldg., etc.)	
		(2/)	
21. I certify that (I) (this haspital) att	1	20	_, 19_66, that (I) (we) last
saw the deceased alive an	19 60, and that c	death accurred at ###################################	
220. SIGNATURE		ATTENDING _ MED STAFF _	22b. DATE SIGNED
reliner / tille	me	M.D. PHYS. DIRECTOR PHYS.	12-2-6
22c. PHYSICIAN'S NAME (Type)	112000	SALIGBURY MARYL	MANA.
	ILMORE		AND
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or	· hand of a const
BURIAL 12-4-60	CRISFIELD	CEMETERY CRISTIELD	, MARYLAND
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
Kaly J. H. Walson	POCOMOKE CITY	Mb. DATE DEC 5 '60 and	Thun & House

TO HOSPITAL VR A1S (4) 1SM 9/59

HILE ROMANIA DE LA CALLA A William Commence of the Party THE RESERVE AND A STREET MARYLAND STATE DEPARTMENT OF HEALTH

OF PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

18						4
H		LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Wher	e declased lived. If institution: Reside	ence before admission)
1		Wicomico		MIARYLA	NO MICOMI	
	1	. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL onc	d give nearest town)
Ш	1	alisburk	SAMP.	Hebron		
2	-	NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS	+	e. IS RESIDENCE ON A FARM?
1	R	ninsula General	Aospital	MAIN)	1,,	YES NO
H	1	NAME OF DECEASED Type or print) SHOWARD	THOMAS Middle	P 1	OF DEATH TO CONDON	Day Yeor
	5. 5			8. DATE OF BIRTH	accelline	- 4 1960 ER 1 YEAR IF UNDER 24 HRS.
	3. 3	male white wipov	RRIED MEVER MARRIED DIVORCED DIVORCED	ADR. 18, 1891	last birthdoy) Manths	
	10a	USUAL OCCUPATION (Give kind af wark dane 10th	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign cauntry) 12.CI	TIZEN OF WHAT COUNTRY?
	1	OSTMASTED	MAIL	MARYLI	ONP	U.S.A.
1	13.	FATHER'S NAME	1	14. MOTHER'S MAJOEN NA	ME CI - 120-	- STELLER
		JETTEPSON LU	LVER	ANNIE	ShowARC	
	15. (Ygs	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. np. or unknown [[If yes, give was or dates of service]		NFORMANT	Address	
	V	V, W, II	I IV	IRS CUNA III.	CULVER, DA	me
		1B. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]	1	0 -	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Samel Just	ed linker	fringen.	The we
		43 9 DUETO	and make		TOS CO-OX	
			The same in	12.00	Design.	- muni
		Conditions, if ony, which gove rise to immediate	and Comme	re face.	Carra and	1, ()
		couse (o), stoting the under-				
	7	lying couse last. (c)				
	0	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	N.	Typelion	s les ente	(60)		YES NO 12
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INVULY OCCURRE	Ö. (Enter noture af injury in Pa	rt I or Port II af item 1B.)	
			INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (Stote)
	MEDICAL	Haur o. m. Whil	e Not while fo	ctory, street, office bldg., etc.)	i can can a	(20011))
	×	p. m.	ork at work	2 2 1		
		21. I certify that (I) (this haspital) atter	ided the deceased fram.	12 MONCK-185	Sirtnesap Co. Co	LaOthat (I) (we) last
		saw the deceased alive an Dace	1960, and that	death accurred at 1	A, from the causes and an t	he date stated above.
1		22a. SIGNATURE	1	ATTENIDING ME	CTAFE	22b. DATE SIGNED
1		Levelle J. Tr. O	ellentes.	M.D. ATTENDING DIRE	CTOR PHYS.	
		27 PHYSICIAN'S NAME (Type)	6	22d. ADDRESS	- 1	
		TRAPED A	DAN NOGE	S NAW	HOORE MC	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town, or county	(Stote)
		BURIAL (Specify) 12-12-1960	HEBRON C	emeter4	HEDRON, MARZ	HAND
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	1	111 & Johnson Co.	SALIS OURY, 1	MO. DATEDEC	13 '60 arthur 8.	Krasek

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. death. Page 4 ATENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs TO HOSPITAL VR A15 (4) 15M 9/59

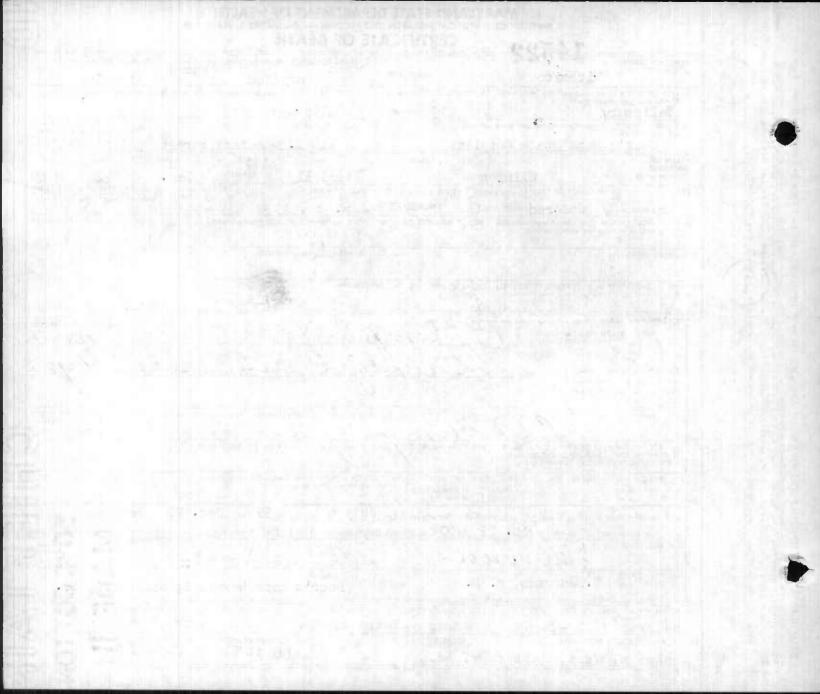
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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	14599	CERTIFICA	TE OF DEATH			14500
1. PLACE OF DEATH o. COUNTY	エエリたと		2. USUAL RESIDENCE (W			ce before admission)
U. COUNT	Wicomico	MARYLAND	Mary:	Land b.	COUNTY	comico
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limit	ts, write RURAL ond	give nearest town)
Salisbu	ry	535 days	LSalisbur	y		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Deer':	s Head State Hos	pital	118 E.	Chestnut S	treet	YES NO
3. NAME OF DECEASED (Type or print)	First Clinto	Middle	Dashiell	4. DATE OF DEATH	Manth Dec.	Day Yeor 22 19 60
S. SEX	6. COLOR OR RACE 7. MARI	RIED NOVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	1 YEAR IF UNDER 24 HRS
Male	Colored WIDOW	ED DIVORCED	Jan. 29, 19		8 yrs. Months	Days Hours Min.
	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CIT	ZEN DE WHAT COUNTRY?
13. FATHER'S NAME -	7		14. MOTHER'S MAIDEN	NAME		
	(1			
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	11.	Address	6
			Leen	Head	Her	2
	ATH [Enter only one couse per li	per (0), (b), and (c).]	, 1 1		•	ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yelone	phrili.	7		1 month
一つり	DUE TO	1197 /	1 . /	7.7.	0	. 11.
Conditions, if a		Menerge	uged a	rurio	Acusa	- Typs
couse (o), stoting	the under- DUE TO					
Z Pres H OT	, (0)	CONTRIBUTING TO DEATH BU	T NOT BELLTED TO THE TERM	AINIA! DISEASE COND	TION CINEN IN BAS	T 1/-1/19 WAS AUTORSY
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	. //		ITION GIVEN IN PAR	PERFORMED?
	AS HINDERIVING TO 206 DES	CRIBE HOW INJURY OCCURR	ellegea.		m 18)	YES NO
(IF EITHER, NOTIFY	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURI OCCURR	ED. (Emery live di injury in	rail 10 Toll II a lie		
20c. TIME OF INJU Hour a.m.		6.	LACE OF INJURY (Home, far octory, street, office bldg., et	m, 20f. (City or town) (County) (State)
D. m.	10	INGI WIIIE			Sept. March	
21. I certify the	at (1) (this haspital) attend	ded the deceased fram,	July 6 19	59 to Dec	. 22 , 19 (50, that (1) (we) last
saw the decea	ased alive an Dec. 2	2_ 1960 , and that	death accurred at 7_1	P.M. fram the ca		
220. SIGNATURE	4, 1					22b. DATE
	Juenua	u		AED. STAFF	X	12/23/60
22c. PHYSICIAN'S NAME (Type)	V. Juerman, M.	D.	Deer's He	ead Hospita	al; Salis	oury, Md.
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Ci	ty, town, or county)	(State)
REMOVAL (Specify Removal	12-28-60	Anatomy Bo	ard of Md.	Baltimo	ore, Mary	land
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	2So. REC		256. REGISTRAR'S SI	
Booker M.	West, Balisbu	ry, Md.	DATEDE	C 3 0 '60	arthur S.	100000



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		14571	15	CERTIF	ICA	TE OF	DEAT	H				11	50	
1.	PLACE OF DEATH	icomico		MAR	YLAND	2. USUAL R a. STATE		(Where de ylan		b. COUNTY			e admiss	ion)
	RURAL and give an	outside corporate limi prest town) ebron	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron						1)		
	OR INSTITUTION	alnut St	ive street a	ddress)		d. STREE	T ADDRESS	nut	St					IDENCE FARM? NO X
	NAME OF DECEASED (Type or print)	GEOR(Middle EDGAR		DAVI	Lost S		ATE OF EATH	DECE		6.		Year 19 60
5.	Male	6. COLOR OR RACE White	7. MARRI	D DIVORCE		Sept.	3 , :	1883	9. At	GE (In years st birthday) 77 yrs.	Months Months	Days	Haurs	Min.
	Farmer -	N (Give kind of work of no life, even if retired) Retired	done 10b. K	Farming	OR INDUS	Qua	ntic	o, Ma	eign country ryla:			ZEN OF	A	OUNTRY?
	George D					1	lie '		bles					
15. (Ye		IN U. S, ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO	Mr	Carl s. Rut		Davi	(Bro	ther- fe)Wa	In-L	St.	Wal He	nut S
CERTIFICATION	Conditions, if or gove rise to ir couse (o), storing lying couse lost. PART II. OTH	nmediate (, e	ONTRIBUTING TO DE	Suz EATH BUT Le U	NOT RELATED	TO THE TE	ERMINAL C	DISEASE COI	NDITION GIV	/EN IN PAR	T 1(0) 15	PERFC	AUTOPSY PRMED? NO X
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	1	RIBE HOW INCURY O				30						/S+=+2/
MEDICAL	Hour a.m.	Month, Day, Yes	While of work	JURY OCCURRED Not while at work	loc N	A street, o		etc.)	f. (City or to	/A	(0	County)		(State)
	saw the deceas 22a, SIGNATURE 22c, PHYSKIAN'S	Enl	Royer	1968, and	that d		PING X	MED. DIRECTO	OR P	causes an	ecem	date ber	stated 822	SIGNED
230	BURIAL, CREMATIO REMOVAL (Specify) Burial		1960	23c. NAME OF CEA	_		Y	23d.	Hebr	(City, town,	or county)	and	(Stot	re)
	FUNERAL DIRECTOR			ALISBURY	MAR	YLAND	7 TO 18		registrar 2 16û	25b. REGI	STRAR'S SIG	CHATU	E	

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RE 1. MARYLAND

1452	CERTIFICATE	 	AC
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	PLACE OF DEATH			2. USUAL RESIDENCE (WI	here deceased lived. If instituti	ion: Residence before admission)
	W	icomico	MARYLAND	Mary]		Talbot
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write R	(URAL and give nearest town)
	S.	alisbury	4 Mos. 22 Da.	East	on	2040 2
	d. NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	D	eer's Head Stat	e Hospital	122 0	oldsborough St	
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year
	(Type or print)	Lednum	1	Dee	DEATH	cember 21 19 60
S.	SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH .	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	White widow	ED DIVORCED	3/16/1885	lost birthdoy) 75 yrs.	Months Days Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDI		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		ing life, even if retired)	Tīmle	36		II C A
12	Organi:	56	Unk.	14. MOTHER'S MAIDEN I	yland	U.S.A.
13.				14. MOTHER 3 MAIDEN	MAINE	
		der Lednum			ah Eliza Clift	
15. (Ye		R IN U. S. ARMED FORCES? 16. If yes, give war or dates of service}	SOCIAL SECURITY NO. 17.	NFORMANT	Add	dress
	le		none	Hospital R	lecords Sali	shury, Maryland
	18. CAUSE OF DEA	TH [Enter only one cause per li	ne forda), (b), and (c).]	1 11	17.11	INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	(lim/sen)	Cird Aka	st taile	USE ONSET AND DEATH
	45	IMMEDIATE CAUSE (o)	2011012	-		
	C 101 1/		11:11:	11.		Illasa
	Conditions, if or gove rise to in	n mediate	Leurs 13	KIS BY		1093
	couse (o), stoting t					
_	lying couse lost.) (c)				
CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
SAT						YES NO
IL.	20a. ACCIDENT WA	S UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
S	20c. TIME OF INJURY	Y Month, Doy, Year 20d. I		LACE OF INJURY (Home, form		(County) (Stote)
MEDICAL	Hour o.m.	While	I NOT WHITE	octory, street, office bldg., etc	•) [
Z	p. m.	01 #01		0/1//0	1 - 2 / 2 1 / 4	
		t (1) (this hospital) attend				20_, 19, that (1) (we) lost
	sow the decease	ed alive on 12/24/	60 19, and that	death occurred at 8:	.M, fram the causes or	nd an the dote stated above.
	220. SIGNATURE	9 49			LOA.M.	22b. DATE SIGNED
		Le of L	aurel	M.D. PHYS.	IRECTOR PHYS.	12/21/60
	22c. PHYSICIAN'S			22d. ADDRESS		
	NAME (Type)	L. L. Lawry.	M.D.	S	alisbury, Mary	rland
R					A series and a first the factor of the first	

230 BURIAL CREMATION, REMOVAL (Specify) 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

DAY DIRECTOR'S SIGNATURE

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(Stote)

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VR A1S (4) 1SM 9/59

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

		14594		CERTII	FICAT	E OF D	EATH				1450	10
	PLACE OF DEATH o. COUNTY	icomico	1,1	MAR	YLAND	2. USUAL RESI		ere deceased li yland	ved. If institution b. COUNTY	9 9 -	om 10	
1	b. CITY OR TOWN (I	f autside corporate lime arest town)	its, write	c. LENGTH OF STAY	/ IN 1b	c. CITY OR		utside corporot lards	e limits, write RI	URAL ond give	nearest tov	(n)
S	d. NAME OF HOSPIT OR INSTITUTION Pring Hi	AL (If not in hospital, o	ive street ce Sa	^{address)} anitarium	1	d. STREET	ADDRESS				ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	BENJA		FRANKI		DENN		4. DATE OF DEATH	DECE	MBER	Day	Year 19 6
5.	Male Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARR		uly 12		_	AGE (In years lest birthday) yrs.	Months Da		
E	during most of war	ON (Give kind of work king life, even if retired armer	done 10b.	Farmi		Will	lards	, Mary		12.CITIZEN	S A	COUNTRY
	Alison D				- T		Lit	tletor				
15. (Ye	WAS DECEASED EVE n. no, or unknown) Unk	R IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO	o. 17 Mr	's.Estl	ner D	.Denni	s(Wife	ds, Ma	ryla	nd
		mmediate (on a	re for (o), (b), and (c)	cler	o Cus	- Hy	pest	user		NTERVAL E	
FICATION		HER SIGNIFICANT CON								'EN IN PART 1(19. WAS PERF YES	ORMED?
AL CERTII	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		N/A								
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	N/A 19	While of wor	NJURY OCCURRED Not while	20e. PLAI	CE OF INJURY ory, street, offic	Hame, farm	, 20f. (City o	N/A	(Cou	nty)	(State
	saw the decea	at (1) (this haspita sed alive an/2	l) attend	//				Milaton th	2 -/ ne causes an	d an the d	ate state	d abave
	220. SIGNATURE FRAM 22c. PHYSICIAN'S NAME (Type)	Exercise L. Frank L	ewis		м	ATTENDIN PHYS. 22d. ADDR	ESS DI	RECTOR [Ded.	3-1	1960
23	Burial, CREMATIC BEMOVAL (Specify)	N, 23b. DATE THERE	OF	23c. NAME OF CEA		CREMATORY		23d. LOCATIO	ON (City, town,			ote)
1	FUNERAL DIRECTOR			ADDRESS ALISBURY	MARY	LAND	250. REC'	D BY REGISTRA		STRAR'S SIGN		

LIVE TEAST TO SERVICE OF DEATH A STATE OF THE STA

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

	1 4 5 9 E	CERTIFICA	TE OF DEATH	IMORE 1, MAR	TLAND	145.0
1. PLACE OF DEATH a. COUNTY	Vicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		d. If institution: Resi b. COUNTY	dence befare admission) Talbot
RURAL and give r		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote l	imits, write RURAL a	nd give nearest tawn)
d. NAME OF HOSPI OR INSTITUTION Deer	ITAL (If not in haspital, give street	oddress)	d. STREET ADDRESS		251×	e. IS RESIDENCE ON A FARM? YES [] NO [
3. NAME OF	First	Middle	Last	4. DATE OF	Month	Day Year
(Type ar print)	John	Edward	Dobson	OF DEATH	Decembe	r 8 19 60
5. SEX Male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	lo	GE (In years st birthdoy) Manth yrs.	DER 1 YEAR IF UNDER 24 HI
10a. USUAL OCCUPATION of the Market State of t	ION (Give kind of work dane 10b.		11. BIRTHPLACE (Stote A F 14. MOTHER'S MAIDEN MARY	E. Do		CITIZEN OF WHAT COUNTR
15. WAS DECEASED EV (Pes, no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	Welen D	show,	Eart.	, md.
	ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (o), (b), and (c).] Chronic uremia	a .			INTERVAL BETWEEN ONSET AND DEATH
6 Canditians, if		Chronic pyelor	nephri tis	?		
gove rise to couse (o), stoting lying couse lost	the under- DUE TO	Urethral stric	cture			?
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	ndition given in I	PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO [
	/AS UNDERLYING ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Part II at	Fitem 1B.)	
20c. TIME OF INJU Haur a. m. p. m.	10 While	Nat while fo	ACE OF INJURY (Hame, for ictary, street, affice bldg., et		own)	(County) (Sta
	at (1) (this haspital) attendased alive an Dec .		death accurred at 8:35	M, fram the		
22c. PHYSICIAN'S NAME (Type)	V. Juerman,	M. D.	22d. ADDRESS		al; Salis	bury, Md.
23g. BURIAL, CREMATION OF THE STATE OF THE S	12/10/60	23c. NAME OF CEMETERY C Mew Chay ADDRESS	sel Cem	Gara	(City, tawn, ar-coun	2, md.
ZA, TOTAL DIRECTO	1 /1 /1	2 6 +		C 1 3 160	25b. REGISTRAR S	

1-5 MARY E. Dobson All a drawn to the tree of the second and

	MARYLAND STATE DEPARTMENT OF HEALTH 14526 CERTIFICATE OF DEATH 14511
	PLACE OF DEATH a. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY WICOMICO
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) SHLIS BURY C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XIII P. ARVEN
2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO.
3	NAME OF DECEASED (Type or print) FYZnce3 Lulz Middle Doll Bey DEATH December 31, 196
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. SEX 1. SEX 1. SEX 1. SEX 1. SEX 1. Months Days Hours Min 1. SEX 1. Months Days Hours Min 1. SEX 1. SEX 1. Months Days Hours Min 1. SEX 1
10	0a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY 13. DEST 14. STATE OF WHAT COUNTRY 14. STATE OF WHAT COUNTRY 15. STATE OF WHAT COUNTRY 16. STATE OF WHAT COUNTRY 17. STATE OF WHAT COUNTRY 18. STATE OF WHAT COUNTRY 19. STATE OF WHAT COUN
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of services) 12-07-5793 M. Vance Dalber.
	18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERTY OF THE PR
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. (b) College Carteres clause in mediate many carteres clause in the condition of the conditio
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED? YES NO [
CEDTIE	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OR C
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while at wark at work at work to be a work t
	21. 1 certify that (I) (this haspital) attended the deceased fram
	220. SIGNATURE) ATTENDING MED. STAFF SIGN ATTENDING MED. PHYS. ATTENDING MED. PHYS. ATTENDING MED. PHYS. 22b. DATE SIGN
	22c. PHYSICIAN'S NAME (Type) Philip H. Insles Sec/15/2019 Md.
2:	30. BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stole)
2.	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DIVELLE ADDRESS DATE LAM 9 261

(Stote)

death certificate be

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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- 8	646	4 6	40		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Let death. Page 4

1. PLACE OF DEATH o. COUNTY W 1 CO M 1 CO	MARYLAND	2. USUAL RESIDENCE: (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Sussex

14528

o. COUNTY	MARYLAND	a. STATE DE-LAW ANL b. COUNTY SU	556 X
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDER ON A FAI

	SALISBURY	LAUREL.	461	3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDEN ON A FAR	M?
	PENINSULA GENERAL HOSPITAL	KFD 3	YES NO	
	3. NAME OF DECEASED (1) A A F First Middle Of Type or print)	Lost 4. DATE OF DEATH	Manth Day Year DECEMBER 5 19 6	2
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years IF UNDER 1 YEAR IF UNDER 24	
	MALE WHITE WIDOWED DIVORCED &	OCT 16, 1881	to A Link Day	Min.
4	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUN	1TRY?
	FARMER KETIZED NONE	DELAWARE	4.5	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
1	James T. ELLIS	Good der	A RECORDS	
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN (Yes, no. or anknown) (If yes, give wor or dates of service)	FORMANT	Address	
	NO Y	AMES ELLIS	LFD I-LAUNEL. DE	= 1-1
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOGGE PICKETOR	id lorganism wat id	entified) 5-1224	
	Conditions, if any, which) by Left Ventrical	ar Hypertaphy	unham	
	gave rise to immediate cause (a), stating the under-	terioscleves:	smal-	
			CONDITION CIVEN IN BART IVAL 19 WAS AUTO	OPCY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT KETATED TO THE LEKWINAL DISEASE	PERFORME YES NO	D?
0.	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port	I of item 18.)	
		CE OF INJURY (Home, form, 20f. (City tary, street, affice bldg., etc.)	or town) (County) (State)
		11 - 05		

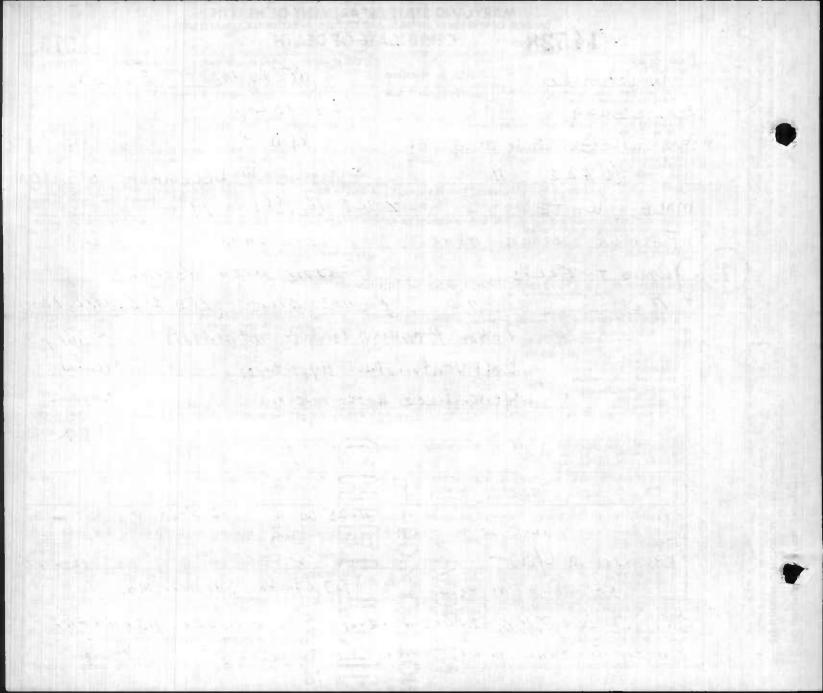
saw the deceased alive an 12-5-502 19 , and that death accurred at 22M, from the causes and an the date stated above.

Raymond M. Go	W.C	ATTENDING MED.	OR PHYS.	SIGNE SIGNE
22c. PHYSIDIAN'S NAME (Type) RAYMOND	m Van	707 CAM den	SALIShury, Md	1

230 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
230-BURIAL, CREMATION, 23b. DATE THEREOF DEC 7,1460	ELLIS FARM	LITUREL. DELIA	UARE

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHARNTOWN 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Cathan S. Knows DATE DEC 1

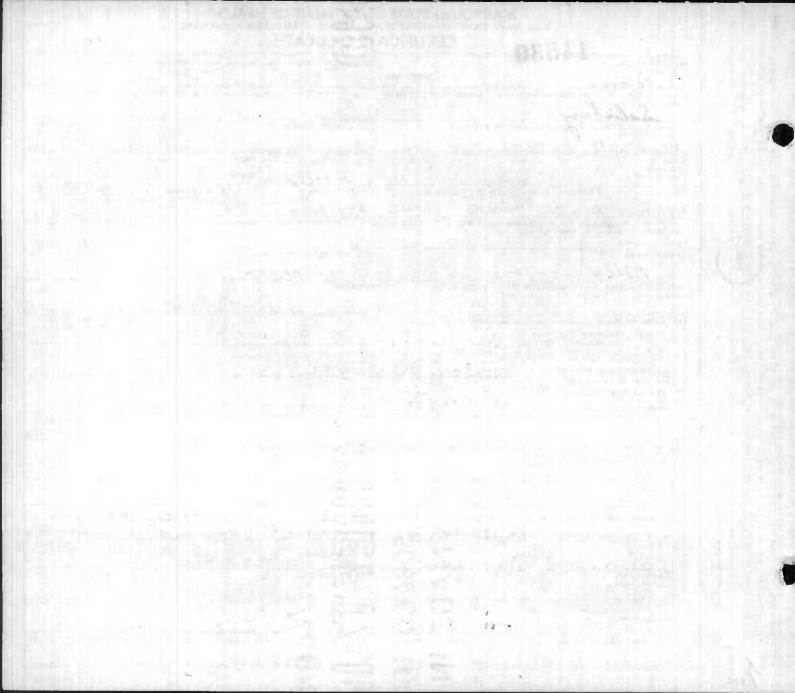
VR A15 (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH

	EARCH AND RECORDS — BALTIMORE 1, MARYLAND IFICATE OF DEATH							
1. PLACE OF DEATH	aryland 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Wicomico							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ay IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PENYSULA GENERAL HOSPIT	d. STREET ADDRESS 303 Maryland Ave o. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)							
3. NAME OF DECEASED (Type or print) MARY ESTHER	Fields DEATH December 26-1960							
SE TITLE IN THE CA	CED July 7,1883 77 yrs. Months Days Hours Min.							
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS House Work at Home None	S OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cour() Rural) 12. CITIZEN OF WHAT COUNTRY? Salisbury, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME							
Michael James Murray	Elizabeth Bounds							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or doles of service)								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. DUE TO (c)	ral / Curmbosis Meso with							
3 diabetes Melitus!	DEATH OF TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
11/22	OCCURRED. (Enter noture of injury in Port Mor Port II of item 18/)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m., p. m. N/A 19 While of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) N/A N/A (County)							
saw the deceased alive of 22 1900, an	220-SQNATURE 22b.DATE							
22c. PHYSICIAN'S NAME (Type) David J. Gilmore	M.D. ATTENDING X MED. STAFF PHYS. DEC 36 SIGNED 22d. ADDRESS Medical Center Salisbury, Maryland							
	EMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)							
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
HOLLOWAY & COMPANY SALISBURY	MARYLAND DATE DEC 2 8 '60 Outling S. Kraus							

MARYLAND STATE DEPARTMENT OF HEALTH



er death. Page 4 R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. By the haspital or attending physicion. TO HOSPITA

		14031	CERTIFICA	TE OF DEATH		1	4516
		PLACE OF DEATH		2. USUAL RESIDENCE (WH		f institution: Residence b	efore admission)
	l	Vicomied	MARYLAND	Md.	1	Vicomi	
Val	t	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b		1	, write RURAL and give	nearest town)
	3	aliabuay	and a distance.		bury		e. IS RESIDENCE
82	Pe	d. NAME OF HOSPITAL OF not in hospital, give stre OR INSTITUTION NIN SULA GENERA	L Hospital	578 Bun	a Vista	Ave	ON A FARM? YES NO
		NAME OF DECEASED (Type or print)Blanche Antione	Middle	last DDD 9	4. DATE OF DEATH	Month & en	Day Year
7	S. S	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED DIVORCED	1 De 1 20 19	10 7 9. AGE (In years IF UNDER 1 YE sthdoy) Months Day	AR IF UNDER 24 HRS. ys Hours Min.
7)	100	. USUAL OCCUPATION (Give kind of work done 14 during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)		S WHAT COUNTRY?
	13.	Sather's NAME	10	14. MOTHER'S MAIDEN N	NAME O D P	celati	0
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. 1	HUOLG ibb	ons 528	BAMAZVI	sta Av.
		18. CAUSE OF DEATH [Enter only one couse per	r line for (o), (b), and (c).]	ingine		/1	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Hestic int	Phower			NSET AND DEATH
		Conditions, if ony, which gove rise to immediate (b)	Regional	Persis	porto	trei.	10-154.
		couse (o), stating the <u>under-</u> DUE TO lying couse lost.	0				
	CATION	PART II. OTHER SIGNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDIT	TION GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
0	CERTIFI	20a. ACCIDENT WAS UNDERLYING ADD. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of iter	n 18.)	
	MEDICAL	Hour o. m. Wh		LACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or town)	(Cour	nty) (Stote)
		21. I certify that (I) (this hospital) atte					that (I) (we) lost
		saw the deceased olive on	19, and that	death occurred of 14	M, from the cou	uses and an the de	ote stated abave. 22b, DATE
		22c. PHYSICIAN'S	+ Fiship	M.D. ATTENDING MD	ED. STAFF		SIGNED
9		NAME (Type)					
B	230 K	REMOVAL (Specify) 12/13/60		ews	Prince	ess Anno	e 11/1 d.
*	2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	ne hed DAT DE		56. REGISTRAR'S SIGNA	
/	1	They formed	which april	DATE !	01000	& Jarmall of Tire	LL2/A

MARYLAND STATE DEPARTMENT OF HEALTH aDIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

YES NO

terven note in the second seco Salisbury of the Burn Viete Avel - Ell Dec 20, 1907 52 West Year Joseph Vandria Blanche Carectities Sall State Transmis Transmission

er death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

1453 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Wheeler or STMaryland	re deceased lived. If institution b. COUNTY	Residence before damission)		
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	0+377 D-	tside corporate limits, write RUF	RAL and give nearest town)		
	Salisbury d. NAME OF HOSPITAL (If not in hospital, give street of National Control of		d. STREET ADDRESS	- /4	e. IS RESIDENCE ON A FARM?		
	Deer's Head State	e Hospital			YES NO		
	3. NAME OF First DECEASED (Type or print) Pearl	Middle Gert.rude	lost Gosman	4. DATE Month OF DEATH DEC	ember 17 19 60		
	5. SEX Female 6. COLOR OR RACE White Wloome	DIVORCED DIVORCED	8. DATE OF BIRTH June 12, 189	9. AGE (In years list birthday) 65 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.		
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE	Home	Maryland	r fareign cauntry)	U.S.A		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
	William Rodney	T		Walbert			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give wor or dates of service)	20-16-9309 M		sby Still	Pond, Md.		
	4 4 3 DUE TO			c Cardio-vascu; Disease	lar 8 Years		
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)			IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY		
		Diabetes Mellit	as		PERFORMED? YES NO		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Day, Year 20d. In Hour a. m. While p. m. 19 at worl	Not while for	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State		
	22o. SIGNATURE	led the deceased fram. 0_19, and that d	leath accurred at 2:44		_, 19, that (I) (we) las an the date stated above 22b.DATE		
	VI ULTURAL 22c. PHYSICIAN'S	_	M.D. PHYS. TO DIRI	STAFF PHYS.	SIGNED		
	NAME (Type) V. Juerman, M.	D.	Salisbu	ry Md.			
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 12/20/60	23c. NAME OF CEMETERY O	etery	Worton, Md.			
	24, FUNERAL DIRECTOR'S SIGNATURE HILL JOHNSON CO. SE	ALIS GURY, M	25a. REC'D DATOEC		RAR'S SIGNATURE		

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

	14594	CERTIFICA	TE OF DEATH	MORE I, MARILAND	14519
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	nd b. COUNTY	on: Residence before admission) Somerset
b. CITY OR TOWN (If RURAL and give ne Salisbur	f outside corporate limits, write arest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside carporate limits, write RU eld	JRAL and give negrest town)
OR INSTITUTION	AL (If not in hospital, give street Head State Hos		d. STREET ADDRESS S. Somerse	t Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Annie	Middle	Lost Gunby	4. DATE Mont	
s. sex Female	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH JAN 1-18	9. AGE (In yeors last birthday) 8 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATIO during most At work	ON (Give kind of work done 10b, ing lift, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BUSTHPLACE (Stote	orfareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	GUSTAV NO	ORD STROM	14. MOTHER'S MAJOEN N	E LARSEN	/
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	183 ETHE	L GUNB	" CRISFIELD
	TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).] Congestive ha	eart failure		INTERVAL BETWEEN ONSET AND DEATH O hrs
Conditions, if an	DUE TO		otic heart di	sease	Yrs
cause (a), stating lying couse lost.		Arterioscler	osis, general		yrs
CATIC	ier significant conditions	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition giv	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II af item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(County) (State)
21. I certify tha saw the deceas 220. SIGNATURE	t (1) (this haspital) attended dive an Dec.	- 1.	death accurred at 7:50		d an the date stated abave. 22b.DATE 12/12/60
22c. PHYSICIAN'S NAME (Type)	L. V. Maldve	, M. D.	Deer's F	lead State Hosp	ital; Salisbury,
230 SURIAL, CREMATION	N. 236. DATE THEREOF EC. 14-1960	23c. NAME OF CEMETERY &	Famely melis	23d. LOCATION (City, town, of	or fourty) In Gate)
24. FUNERAL EXPECTOR	S SIGNATURE	ADDRESS A	250. REC	D 41 M20101	STRAR'S SIGNATURE

eminya parment in a talah barbara sampi mesa LOW SOIDTEN THERESTAIN CHEST ELLER The water of the parties of the same of th to the state of the desired and the state of E ALL SELECTION OF THE SELECTION OF THE

ADDRESS

SALISBURY MARYLAND

DATE AN 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) (Rural) e. IS RESIDENCE ON A FARM? (Mt Hermon Rd YES NO Manth DECEMBER 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Haurs 12. CITIZEN OF WHAT COUNTRY? U S W. Hammond (Son) R. D.# 3(Mt Hermon Salisbury Maryland INTERVAL BETWEEN PERFORMED? YES NO X 20f. (City ar tawn) (County) (State) 1960, that (1) (we) last M, fram the causes and an the date stated above 22b. DATE SIGNED STAFF PHYS. [Dec. Maryland Ave. Salisbury, Maryland 23d. LOCATION (City, tawn, ar county) Salisbury. Md. 25a, REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE arthur S. Kraus

VR A1S (4) 15M 9/59

24, FUNERAL DIRECTOR'S SIGNATURE

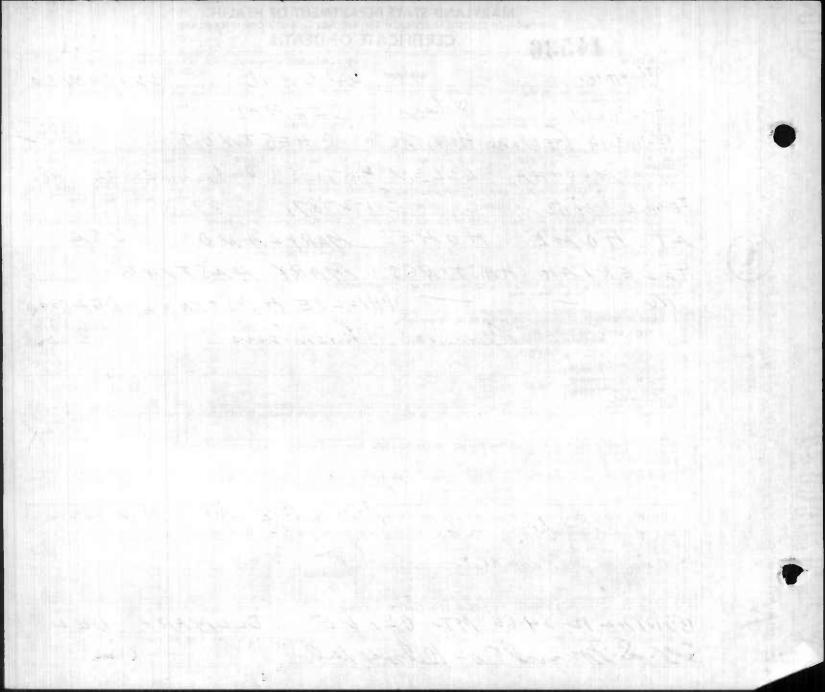
HOLLOWAY & COMPANY

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TO HOSPITA

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14536

1, PLACE OF DEATH		2. USUAL RESIDENCE (Where decea		ce before admission)
o. COUNTY	MARYLAND	MARYLAND	b. COUNTY	COMICO
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give negrest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RURAL and	give nearest tawn)
SALISBURY	8 days	X DELMAN	2	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)/	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
TENINSULA GENERAL	MOSPITAL	CHEST,	NUT	YES NO
3. NAME OF First	Middle	Last 4. DATE	Month	Day Yeor
OECEASED (Type or print) MARTHA	ELLEN	HASTINES DEAT	11KCEIIICEI	22 1960
7		B. DATE OF BIRTH	9. AGE (In years IF UNDER Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
FEMALE WIDOWED		1-18/1	yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote or foreign	countrý) 12. CITI	ZEN OF WHAT COUNTRY?
AT HOME	TOME	MARYLA	NO	154
13. FATHER'S NAME	The Addition	14. MOTHER'S MAIDEN NAME		
HEZEKIAH HA.	STINGS	MARY H	-ASTING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	FORMANT	Address	
(if yes, give wor or date of service)	PA	HLLIE HA.	STINGS -	DELMAR
1B. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).] *	1 '		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	report	/ Marmbose	1	8 days
DUE TO				
Conditions, if ony, which) (b)				V
gove rise to immediate couse (o), stoting the under-				
lying couse lost.				
	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON				PERFORMED? YES NO
	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or F	Port II of item 18.)	
	URY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (C	Lity or town) (0	County) (Stote)
20c. TIME OF INJURY Manth. Doy, Year 20d. INJU Hour o. m. 19 While of work [_ Not while foo	tory, street, office bldg., etc.)	,	(0.0.0)
21. I certify that (I) (this hospital) attended	d the deceased fram/	Cecenter Bolon 10	Dece 1- 62/22/196	O that (I) (we) last
saw the deceased alive an Alternair	/ 3	. 44		, , ,
22a. SIGNATURE	EL 1752_E / dila mai a	edit decorred di 192 print, ito	in the couses and an inc	22b, DATE
Wand I Telwar	6.	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d 100	CATION (City, town, or county)	(State)
REMOVAL (Specify) 12-24-60	MT- OL	111= DI	=1 MAD -	11=1
24_EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REG	ISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
011-8.900 10	10.0-	- 1- 10 関語を行	arthur 2	
10 ~ Marie C	1- Kleen	DATE DATE	200,	A Desire (A)



r death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH, AND RECORDS — BALTIMORE 1, MAR BALTIMORE 1, MARYLAND

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CE	RTIF	ICA	TE	OF	D	EA	TH

area man Street		Wed our DO	
CERTIFI	CATE	OF D	EATH

	11579		CEKTIFI	CAIE	OF DEATH			1	1522
1. PLACE OF DEATH a. COUNTY	Wicomico		MARYL		usual residence (wa. STATE Maryl		lived. If institution b. COUNTY	Wicon	
, RURAL and give n	If autside carporate lime egrest tawn) Salisbury		c. LENGTH OF STAY II	N 1b	Salis		ote limits, write RI (Rural)	URAL and give	nearest tawn)
OR INSTITUTION	R.D.# 1	give street	address)		d. STREET ADDRESS R.D.#	1			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MYLAN	IIA	Middle	HOL	UBYCKYJ	4. DATE OF DEATH	DECEM		2nd 19 60
S. SEX	6. COLOR OR RACE	7. MARR	HED X NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS
Female	White	WIDOW	_	_	ec. 1,188	9	71 yrs.	Months Day	s Haurs Min.
during most of wor	ON (Give kind of work king life, even if retired ork at Ho	1)	None	INDUSTRY	11. BIRTHPLACE (Stoke		untry)		of what country?
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
	m Fedorch				Maryna				
1S. WAS DECEASED EVE (Yes. no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO.	Mr.	Maksym Ho alisbury,	lubye	kyj(Hus	band) F	1.D.# 1
Conditions, if a gave rise ta i cause (a), stating lying cause last.	mmediate the under-	0 0	ACCINOM	Section 1	578 m Ac	10m, 101	J. CIFIC	e, nomate	1 yr
CATIC	HER SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERA	AINAL DISEASE	CONDITION GIV	'EN IN PART 1(a	PERFORMED? YES NO
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC A	CURRED. (E	nter noture of injury in	Part I ar Part	II of item 18.)		
ZOc. TIME OF INJUF Haur a. m. p. m.	N/A 19	20d. It While at war	Nat while	20e. PLACE factary	OF INJURY (Hame, far , street, affice bldg., et NA	m, 20f. (City	ar tawn) /A	(Caun	ity) (State)
21. I certify the	at (I) (this haspita	l) attend	led the deceased f			260, ta_	11/5		that (I) (we) last
saw the decea 22a. SIGNATURE	sed alive an_1	15		that deat	ATTENDING A	AED.	STAFF De	7	22b. DATE 22b. DATE 1960
22c. PHYSICIAN'S NAME (Type)	Dr.Gray	Reev		,	22d. ADDRESS	90 4	ter - S		
23a. BURIAL, CREMATIC REMOVAL (Specify Burial		of .960	23c. NAME OF CEME		emetery-		orook.	- ''	(State)
24. FUNERAL DIRECTOR HOLLOWAY	'S SIGNATURE		ADDRESS LISBURY M		2Sa. REC	C 6 60	RAR 2Sb. REGIS	STRAR'S SIGNA	TURE

VR A1S (4) 1SM 9/59

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

	145	72	CERTIF	ICAT	E OF DEATH			1	4523	
1. PLACE OF DEATH a. COUNTY	Wicomico		MARY		2. USUAL RESIDENCE (Who o. STATE Maryl		ed. If institution b. COUNTY			ision)
(RURAL and giv	N (If autside carporate limi e nearest tawn) Salisbury	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or		(Rura		ve nearest tav	n)
		ive street o elmai			d. STREET ADDRESS R.D.#	3 Del	mar Ré	1	ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type ar print)	ROB]		Middle		JOHNSON	4. DATE OF DEATH	DECE		Doy 11t	Year h9 60
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCE		March 19,1	- 0 0	AGE (In years ast birthday) 94 yrs.		YEAR IF UND	7
during most of Retire	ATION (Give kind of work of working life, even if retired arpente:	dane 10b. 1	Construct		Penmark Denmark	ar fareign caunt	(גי)		U S A	
	Johnson		MIE I		Anne					
1S. WAS DECEASED (Yes, no. or unknown) Unk	EVER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. S ervice)	SOCIAL SECURITY NO.	NY IN	aul B. John Salisbury, M	son(So arylan	n)R.D.	*# 3	Delma	r Rd
Canditions, i gave rise to cause (a), stati lying cause lo	immediate DUE TO	Ce	erebral Eneraliz	ed t	throppes afeirs	Laire	7		12d	ays
20g. ACCIDENT	WAS UNDERLYING D	ren	ria .		(Enter nature of injury in F			EN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF IN Hour a.	m. NT /A 10	N/A ar 20d. IN While at wark	JURY OCCURRED Nat while	20e. PLAC	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.	20f. (City ar	town) N/A	(Co	iunty)	(State
	that (I) (this haspital				ath accurred a 54	M, from the	couses an	L., 19/2- d an the	date state	(we) tas d abave
22c. PHYSICIAN	Lobot!	JA. T. Ac	lkins	М	.D. ATTENDING ME PHYS. DIE 22d. ADDRESS Fruitlan			Dec	12	/196
	ATION, 23b. DATE THERECO)F	23c. NAME OF CEMI		orial Park		sbury		land	ate)
	Y & COMPAN	Y SA	ALISBURY	MARY	TLAND DATE	EC 13 60		lething S.		

the standard of Land or transfer the later of the property of the second See to the steaming of months Bushes allocars, it wilmed

HEALTH DEP TO DEPUTY RIEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any consists please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thailth, or its designated agent, prior to burial, gramation, or removal, and it has event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND

	COLUMN TO A STATE OF THE PARTY		534		HATA-PARTITOR	N OF	OMETI I CA	11. 01			1/5	3 /2
-		CE OF DEATH					2. USUAL RESIDEN	CE (Where de	ceesed lived, If	Institution: Resi	dence before	admission)
	e. C		omico		MARYLA	NID.	e. STATE	han Fre	b. COUN			1
1	b. C		outside corporate limi	its,	c. LENGTH OF STAY		c. CITY OR TOWN (yland	orate limits, writ		erset	wn)
)	2000	write RURAL end	give neerest town)					.,		o Koki te one g	110 11001031 10	,
			sbury		2 days	3	Princess	Anne,	Meryla	nd		
3	1 0. 1	IAME OF HOSPITA	AL OR INSTITUTION (it not in hospit	tal, give street eddress)		d. STREET ADDRESS		1	DV-		RESIDENCE A FARM?
		eers He	ad State	Hosp:	ital					14	YES [NO D
		ME OF CEASED	First		Middle		Lasi	4. DATE OF	Montl	h [Day Yes	07
		e or print)	Joh	22		Jor	20.0	DEATH	12	-37-60	19	
	5. SEX		6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH	19.	AGE (In years			R 24 HRS.
		M	~	WIDOWED	DIVORCED [7 6	5/22/1874		86 yrs.	Months De	ys Hours	Min.
			ON (Give kind of worl	1Db. KINI	D OF BUSINESS OR IN	DUSTRY	// -	or foreign cou		12, CITIZE	N OF WHAT	COUNTRY?
u	done d		king life, even If retire ender	d) Sel	f Employ	50	Maryland					
	13. FA	THER'S NAME	211/1/01	1 361	i Luija Oy	eu	14. MOTHER'S MAIDEN	NAME		1 0 8) A	
	Jo	seph Jo	ones			M	Lerah Pol					
_		*	R IN U.S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	17. IN	JFORMANT	L 2)	Address			
			yes give wer or dates of s					Timin				
ı	10	ONLIGE OF DE	EATH (Enter only one	P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	rothy Hall	r initi	cess A	me, Ma	-	-
	/ ""		WAS CAUSED BY:	cause per line	o for (a), (b), end (c).j					1000	ONSET AND	
7	- 6		MMEDIATE CAUSE (0)	As	phyxia du	ie t	co aspirat	ion of	f vomi	tus	Sudd	en
1		121	DUE TO									
	Co	nditions, if eny,	which) (b)									
		ve rise to immedia	DUIT TO									
		, stating the units last.	derlying (c)									
	z	PART II. OTHER	- 1-7	TIONS CONTI	RIBUTING TO DEATH B	UT NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 10	19. WAS	AUTOPSY
	E E										PERF	ORMED?
	5 -20		remia	OF DESCRIBE	HOW INTURY OCCU	DED /Em	ter neture of injury in Per	d I on Don't II of	Item 10 1		YES X	NO [
	CERTIFICATION BY STATES OF THE	MARY OF CONUSE OF DEATH.	TRIBUTING	OD. DESCRIBE	THOW INDOOR OCCO	KED. (EII	ret neroly of injury in Fer	. Tor rest if of				
							ach conten					
	WEDICAL 201	Hour a.m.	Y Month, Day, Ye	While	Not While	factor	E OF INJURY (Home, farm ry, street, office bldg., etc.	n, 2Df. (City	or town)	(County)	(Stete)
3	WE	1:50 P.	M. 12-31	-60work		Ho	spital	Sal:	isbury	Wicom	ico	Md.
	21.	I certify the	at I took charge o	of the remai	ns described abov	e, held	an Autopsy	Inspection	X. Inquir	у 🗓, а	nd in my	opinion
	de	ath resulted fr	om: Natural ca	uses ,	Accident X,	Suicio	le , Homicide	, Une	determined m	nanner		
			1 0.	0.			CHIEF MEDICAL I	EXAMINER [
		TUAL	land C	· Ah	1		ASSISTANT MED	ICAL EXAMIN	ER 🗍		DATE SI	GNED
		SNATURE	Fonl I	Power	6) M D		M.D. DEPUTY MEDICAL			1-3-		
1		AMINER'S AME (Type)	Earl L.			3 -1			relati	1-7-	OT	
ξ:		RIAL, CREMATION	1, 22b. DATE THERE	OF 2	2c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCAT	ION (City, town	, or country)	(Ste	ite)
	Bur	MOVAL (Specify)	T/5/6T	1.7	ohn Wesle	277	THE REAL PROPERTY.	Prina	odd An	no Mor	vlend	
		NERAL DIRECTOR	1 4/ 2/ -1	10	ADDRESS	y	24e. REC		ess An		1 400 1 40 4 1	
			Tomos T.	n Danis		0 34	101			Chur S. H		
1	- T-	rright H	.James J.	r.rrll	ncess Ann	e,M	.Q DATE		1 000	2. 10	VOLUMENT .	

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MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE FilmG278 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence below admission) . PLACE OF DEATH s necessary, files. Health, a. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) your write RURAL and giva nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? h01 Lake St. refained Peninsula General Hospital State YES NOT NAME OF Middle 4. DATE Month DECEASED 3 to the the 12-19-60 (Type or print) Lula DEATH West Kerney 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with hday) and Months Hours Min. WIDOWED TO DIVORCED be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HomE in pencil in Item 18. Give Pages DomEstic MARYLAND pages PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Twilley, SAlisbury, MA.

Merval Between
onset and Death
5 days (Yes, no, or unkown) | (If yes give war or dates of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 2. Second and third degree burns 85% body Office al surface. DUE TO Conditions, if any, which (b) gave rise to immediate cause 10 DUE TO (a), stating the undarlying Examiner cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO X Medical pluods 20a. EXTINIAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) TEDICAL EXAMINER: CAUSE OF DEATH. clothing on fire from the wood Caught ease execute the certificate, writing should be forwarded to the Chief | FUNERAL DIRECTOR. | 20d. INJURY OCCURRED | 20e. BCACE OF INJURY (Home, farm, while Not While 18cf. Office bldg., etc.) | Month, Dev. Year 20f. (City or town) (County) (State) Home Salisbury Wicomico Md. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry 1 and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Ear Royer DEPUTY MEDICAL EXAMINER 12-20-60 EXAMINER'S DEPUT NAME (Type) 407 Salisbury Mode Camden Moddress (Streat, city, town, or county) 19359 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) (Stata) REMOVAL (Specify) o 10 t To usto ISBURY 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME DEC 2 8 '60 ariling & Krous 5M 7/59

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e. IS RESIDENCE

INTERVAL SETWEEN ONSET AND DEATH

wks

PERFORMED?

YES NO

(Stote)

(Stote)

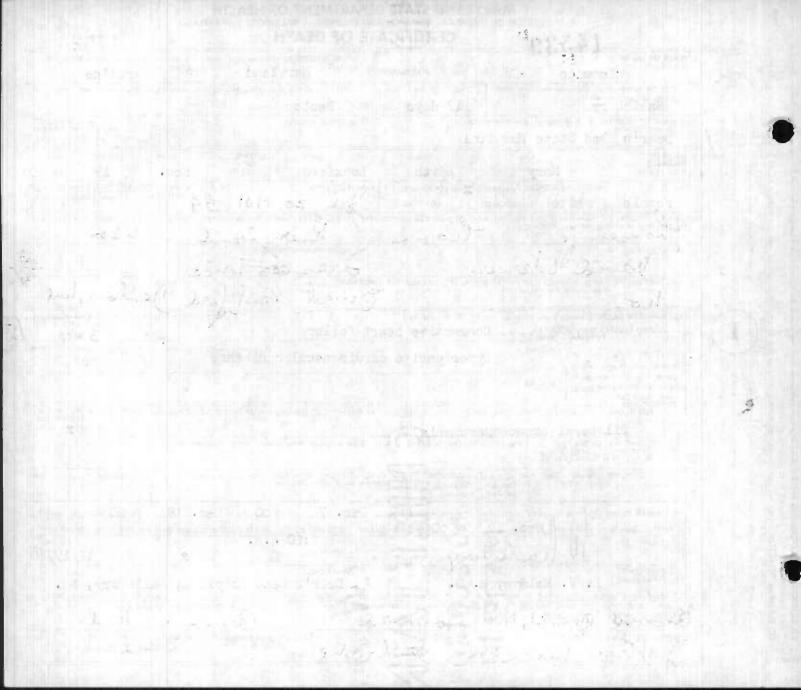
Yrs

(County)

ON A FARM?

YES NO T

Year



MARYLAND STATE DEPARTMENT OF HEALTH

		14.	per p	N OF STATIS		AND RECORDS - BALL		ARYLAND		1452	7
1. PLACE 6 o. COU		111	3 m /	00	MARYLAND	2. USUAL RESIDENCE (V o. STATE	there deceased	lived, If institution b. COUNTY	Residence		ission)
		(If outside corpored town)	orote limits,	write C. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (I	outside corpore	ote limits, write RI	JRAL ond gi	ve nearest to	wn)
	NE OF HOSP NSTITUTION	ITAL (If not in h	Qh,	street address		d. STREET ADDRESS				ON	A FARM?
3. NAME DECEAS (Type or	ED	5×1	First VIZ		Middle	a ymore	4. DATE OF DEATH	De	ih C -	Day	Yeor 1960
5. SEX	- .	6. GOLOR C		MARRIED [DIVORCED	8. DATE OF BIRTH	1896	P. AGE (In years less birthdoy) yrs.		Days Hours	
during	most of wo	ION (Give kind rking life, even	if retired)	ne 10b. KIND C	F BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stol	12n	untry)	12. CJTIZ	EN OF WHAT	COUNTRY
13. EATHER	hn	R	1ch.	ard:	5027	Tame.	NAME 5	nily	12	tmo	Xe
	eceased ev	ER IN U. S. AR (If yes, give war o	MED FORCE: or dates of servi	S? 16. SOCIAL	SECURITY NO. 17.	mily Tay	lox,	Tyask	m ₁	MH.	
18. C.		ATH Enter or ATH WAS CAU IMMEDIATE	ISED BY:	per line for (c	o), (b), and (c).]	Dial Ja	Parct	Lone-		ONSET AN	D DEATH
gove	420 ditions, if a rise to a (o), stoting couse lost	immediate (DUE TO (b) DUE TO	Con	Dary (l'Olive s	cole	vsis.		104	rev
CATION	PART II. O	HER SIGNIFICA	ANT CONDIT	TIONS CONTRI	BUTING TO DEATH BI	T NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS PERF YES [FORMED?
□ OR CC	ONTRIBUTIN	AS UNDERLYING CAUSE OF MEDICAL EXA	F DEATH	b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port	II of item 18.)			
	ME OF INJU Hour o. m. p. m.		Doy, Year 19			PLACE OF INJURY (Home, for octory, street, office bldg., e		or town)	(Co	ounty)	(Stote
		ot (I) (this has	3.100	1 1	e deceased from 9 600 ond that	deoth accurred at 1	25.0.to M, from t	he couses an		Othat (1)	
17	GNATURE	Atl.	De	med	lars.		MED. DIRECTOR	STAFF PHYS.		3.0	22b.DATE SIGNE
TE S	HYSICIAN'S	ARD	45	SAUN	iders	22d. ADDRESS	tico	KIC	Md		
23a. BURIA	L. CREMATI	ON, 23b. DAT	E THEREOF	/ 23c. 1	NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, Jown,	or county)	A alst	ote)

250. REC'D BY REGISTRAR
DATE DEC 7 '60

256. REGISTRAR'S SIGNATURE

Circles S. Frank

(ADDRESS VZ/VE

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours offer death. death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITA VR A15 (4) 15M 9/59

EMOVAL (Specify)

24. FUMERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14541

1. PLACE OF DEATH o. COUNTY WICO	mico		MARYL	11	usual RESIDENCE (Where deceased	d lived. If instituti b. COUNTY		cmi(ion)
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim	its, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (DEX SEC.	orate limits, write f	RURAL ond	give neo	rest lown	1)
OR INSTITUTION	TAL (If not in hospital, sula Genera				d. STREET ADDRESS 311 I	ester (Court				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	STELLA	rst	BRITTINGHA	M	LEWIS	4. DATE OF DEATH	Mo:		Da	, _	Year 1960
s. sex Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED		uly 5,1893		9. AGE (In years last birthday) 67 yrs.	Months Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of wor	king life, even if retired	done 10b.	KIND OF BUSINESS OR Practic		11. BIRTHPLACE (See Maryland		ountry)		J.S.		OUNTRY?
13. FATHER'S NAME			L - EXT - 12	1	4. MOTHER'S MAIDEN	NAME	-15				
Mitchell	M. Brittin	ngham			S. Martha	Truitt					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO				Iress			
No				Mrs.	Mae Culve	er, Same		-100		2512	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (components) DUE TO	Che	ne fo) (g), (b), and (c).]	Py	elones	blera	tie			ERVAL BE	
20g. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH		CONTRIBUTING TO DEAT				19 17	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
	MEDICAL EXAMINER)	LL9									
20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	While	Not while		OF INJURY (Home, for, street, affice bldg.,		y or lown)		(County)		(Stote)
saw the decea 22a. St. MATURE Alexander (1902) 22c. PHYSICIAN'S NAME (Type)	- 1	1/29	_	-	ATTENDING PHYS.	MED. DIRECTOR	/ /	12-2	e date 29-60	stated 22	we) last abave. b. DATE SIGNED
23a. BURIAL, CREMATIC REMOVAL (Specify			Parsons C			23d. LOCA	TION (City, town, sbury, M	or county)	nd	(Stat	'e)
Burial 24. FUNERAL DIRECTOR Hill & Joh	'S SIGNATURE		ADDRESS Oury, Maryla		25o. RI	EC'D BY REGIS	TRAR 25b, REG	ISTRAR'S S	IGNATU		

TABLE OF THE PROPERTY OF BEAT A THE PARTY STATE OF THE PARTY der de under det . auch A light of the lig the transpire topy of the filter Anna San and Market Market San Anna San

VR A1S (4) 1SM 9/59

		MARYLAND				
4	45 4 DINISION	OF STATISTICAL	RESEARCH AI	ND RECORDS -	- BALTIMORE 1	, MARYLAND
I	4り42	CE	RTIFICA	TE OF DE	ATH	

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Vicomico	MARYLAND	2. USUAL RESIDENCE	(Where deceased	lived. If instituti b. COUNTY	an: Residence b		
b. CITY OR TOWN (If RURAL and give ne Salisk	autside carporote limits, wri arest tawn) DUTY	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN ((If autside carpoi		URAL and give	nearest town)	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, give str 303 Ohio Ave.	eet address)	d. STREET ADDRESS	hio Ave			e. IS RESIDENCE ON A FARM YES NO	N?
3. NAME OF DECEASED (Type or print)	First WILLIAM	Lost	4. DATE OF DEATH	Decemb		Day Year 30 19 6	0	
s. sex Male		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 1, 1		9. AGE (In years last birthday) 77 yrs.	IF UNDER 1 YE Manths Day	AR IF UNDER 24	HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturants Concessions Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
	Henry Long IN U. S. ARMED FORCES? If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. IN	Sar	rah Care	Add	ress		
Canditions, if an gove rise to in couse (a), stating t lying cause last. PART II. OTH	he under-	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	E CONDITION GIV		PERFORMED)?
OUT OF EITHER, NOTIFY IN THE OF INJURY Hour a.m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Year 19 4 (1) (this haspital) att	hile Not while for work at wark	ACE OF INJURY (Hame, factory, street, affice bldg.,	farm, 20f. (City etc.)	or town) 12/30 the causes an	d an the da	that (I) (we) ate stated about 22b.DAT	last
22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION REMOVAL (Specify)	David J. Gi.		M.D. PHYS. 22d. ADDRESS Medical	Cnter,	Salisbur	y, Mary	0-20	
24. FUNERAL DIRECTOR'S		Parsons Cemerature ADDRESS ADDRESS ADDRESS		EC'D BY REGIST	1	Maryla STRAR'S SIGNA	TURE	-

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY W1COM1CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY W1comico
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town) Salisbury	X Salisbury (Rural)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Pen Gen Hospital	R.D.# 1 (Shad Point)
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) URSULA KATHERINE	McCORKLE DECEMBER 7th 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Days Hours Min.
	Nov. 1,1905 55 yrs. 1 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Employee-Shirt Factory-Laborer	R.D.# Salisbury, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl Mansfield Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1.17. II	Sarah E. Brumbley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	
	Ave. Salisbury, Maryland Interval Between
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	ages careers jungs
Condition if any which	The pullon ()
gove rise to immediate	1:10 (2)
lying couse last.	therapy 119-12/31
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
13 Stalvelow deart Duren	e) (cotte pisubleceuce) YES NOX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	D. (Enter noture of injury in Port 1 or Port 1 of item 18.)
	V O
Hour o.m 4. While Not while fo	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
p. m. N/A 19 of work of work	N/A N/A
21. I certify that (1) (this hospital) extended the deceased fram.	Meley 4 1960 to Dec. 1960 that (1) (we) last
	death occurred 30 A M, from the causes and an the date stated above.
220. SIGNATURE	M.D. ATTENDING MED. MED. STAFF Dec. 9 /1960
22c. PHYSICIAN'S	M.D. PHYS. MED. DIRECTOR DIREC
NAME (Type) Dr. Bufus S. Gardner	Pine Bluff Road-Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Burial Dec.10,1960 Shad Point	Cemetery_R.D.# Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAI	RYLAND DATE DEC 1 2 '60 Cuthur S. thrus

VR A15 (4) 1SM 9/59

TO HOSPITA

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HOLLOWAY & COMPANY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		14044	-	CERTIF	ICAT	E OF DE	ATH				455	13
1.	PLACE OF DEATH o. COUNTY	Wicomico		MAR	(LAND	2. USUAL RESID	Mary]		ed. If instituti b. COUNTY		before od	
	b. CITY OR TOWN RURAL and give	(If autside carporate I negrest tawn) Salisbur		c. LENGTH OF STAY	IN 1b	17		utside carporate	limits, write R	URAL and gi	ve nearest t	awn)
0	d. NAME OF HOSE OR INSTITUTION OPTING	ill Eriv	ate S	_{ddress)} anitariu	m	d. STREET AL		Camden	Ave.	Ext	OI	RESIDENCE N A FARM? NO X
3.	NAME OF DECEASED (Type ar print)	MARY	First	Middle ANN		NAMARA		4. DATE OF DEATH	DEC.	. 2	Day ND	Year 19 60
5. 5	Female	6. COLOR OR RAC	7. MARRI WIDOWEI	ED STATEMENTS	ED 🔼 8	Jan. 3,	189	9.	AGE (In years ast burthday) 68 yrs.		YEAR IF U	
1	Retired	ION (Give kind of wa orking life, even if retin School T	red)			Some	rset	Co.Man			J S A	AT COUNTRY?
	FATHER'S NAME Albert N	McNamara	M			14. MOTHER'S	A For					
	WAS DECEASED EVENTON OF Unknown)	VER IN U. S. ARMED F		OCIAL SECURITY NO	Mrs	Carrie Ext.	Bea Sali	ale(Sis	ster)#	ing Ca	amden	Ave.
		g the <u>under-</u>	Y (a) D (t) TO (b)	ofer (a), (b), and (c) prouch Calnut Veonic	of trul	new Low Leuna	toil	ia) Out	listi.	Sovero	Interval onset a 1-2 mo	upages
CERTIFICATION	20a. ACCIDENT V	OTHER SIGNIFICANT CO	20b. DESC	RIBE HOW INJURY C						VEN IN PART	PE	AS AUTOPSY REFORMED? NO X
MEDICAL C		URY Manth, Day,		JURY OCCURRED Nat while at wark		CE OF INJURY (Fary, street, office			tawn)	(Cc	ounty)	(State)
			12/1	111	that de	ATTENDING PHYS. 22d. ADDRE	al A	-	STAFF PHYS.	Dec.	date sta	l) (we) last ted abave. 22b. DATE 960 GNED
	BURIAL, CREMAT REMOVAL (Specific BUT 18	at pec. 5	,1960	Upper ADDRESS		mount-I		23d. LOCATION y' Ceme BY REGISTRAR	etery-		Fai	rmoun

SALISBURY MARYLAND

DATE DEC 6

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* Mill Caladens Ave. Char The state of gamenta and the state of the forest state of term of the market of the first of the state

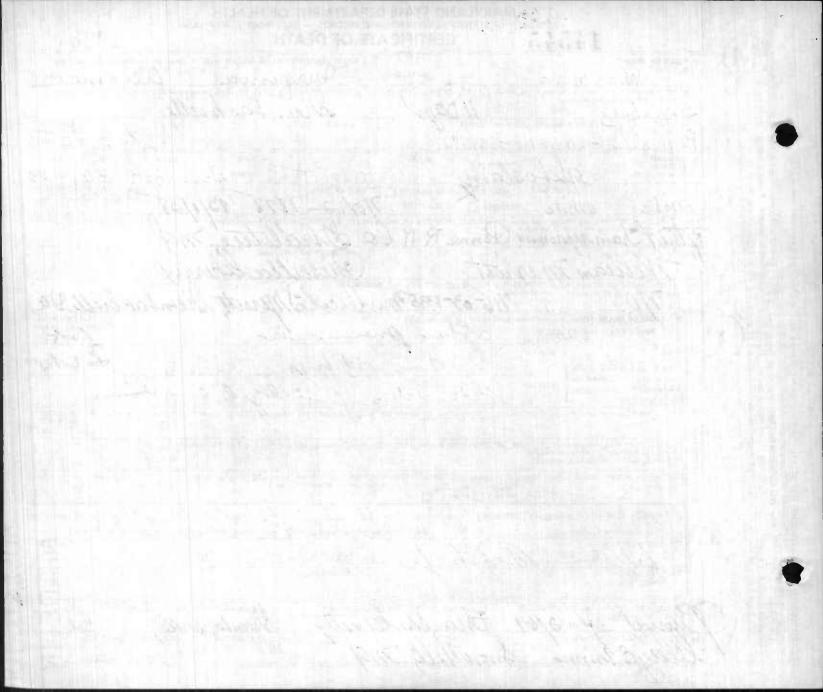
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MARYLAND STATE DEPARTMENT OF HEALTH

1450.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L	14040	CERTIFICA	IE OF DEATH		かりしか
-	1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Wheye deceased a. STATA	lived. If institution: Residence b. COUNTY	before admission)
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY ONTOWN (I) outside corpora	ite limits, write RURAL and giv	e nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddres	Days	d. STREET ADDRESS	sville	e. IS RESIDENCE ON A FARM?
1	Peninsula General Hosp	ital "		83X-	YES NO
1	3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Necember	20 1960
-	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	4 - 4 4 5 4 4 5 5 5	YEAR IF UNDER 24 HRS.
-	170/e White WIDOWED 100. USUAL OCCUPATION (Give kind of work done 100-KIND		TRY 11. BIRTHPLACE (Stote or foreign cou	inty) 12. CITIZE	N OF WHAT COUNTRY?
1	Petitied Lain Repairment Rem	na R.R. La	2 Wirdletrie	ma	
1	13. FATHER'S NAME.		MUSCIPLE LE	herrie	
	IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIA	3-1335 M	FORMANT & Mennit	+ Membres	lill. Va.
-	18. CAUSE OF DEATH [Enter only one couse per line for	(a) (b), and (c).]	and the many	Memories.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	olar pr	en la		wh.
1	Conditions) if ony, which) (b)	ragine.	nt hijs		4 Wo
	gove rise to immediate couse (o), stating the under-lying couse lost.	terist der	is cuilinged	CV-Relisia	24
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
		HOW INJURY OCCURRED	D. (Enter noture of injury in Part I or Port	II of item 18.)	
		OCCURRED 20e. PLA	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	or town) (Co	unty) (State)
	21. I certify that (I) (this haspital) attended the		12-19 1060, to 1		that (I) (we) lost
	saw the deceased olive on	da rnar a	eath occurred of 2_8M, from t		22b. DATE SIGNED
	22c. PHYSICIAN'S	to for	M.D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.	3101112
	NAME (Type)				
1	PEMOVAL (Specify)	MAME OF CEMETERY OF	CREMATORY 20 LOCATION	ON (City, town, or county)	Q (Stote)
4	24 PUNERAL DIRECTOR'S SIGNATURE	ADDRES 11 =	25a. REC'D BY REGISTR	AR 25b, REGISTRAR'S SIGN	NATURE
1	Elley & James Smon	VKell n	DATE AN 3 '67	Cirthung 8, 4	Gara



VR A15 (4) 15M 9/59

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14546	Items CERIFICA	IE OF PEAL	et	1.5	505
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (If institution: Residence bef	fare admission)
Wicomico	MARYLAND	maryLa	nd	Somers	set
 CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f autside carporate lin	nits, write RURAL and give n	earest tawn)
Jahlsbury		Lhiuce	SSHAN	e	
d. NAME OF HOSPITAL (If not/in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		OX-	e. IS RESIDENCE ON A FARM? YES NO NO
Penin Sula Mes	neraL	<u> </u>	T		
3. NAME OF DECEASED (Type or print) Wilhiam	Middle	miles	4. DATE OF DEATH DC		22, 19 60
S. SEX 6. COLOR OR RACE 7. MAR	RIED T NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years TF UNDER 1 YEA	R IF UNDER 24 HRS.
MALE NEGRO WIDOW		7/8/188	6	yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
self employed B	lackSmith	Maryla	ind	4.5	11.
13. FATHER'S NAME		14. MOTHER'S MAIDER	NAME		
Richard Miles		2			
	SOCIAL SECURITY NO. 17, II	NFORMANT	A.	Address	7
(Yes, no, or unknown) [If yes, give war or dates of service]	M	rs. Annie	Miles	Prince	255 Hone
1B. CAUSE OF DEATH Enter only one couse per I	ine-for (a), (b), and (c), 1		17	lin	TERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	1 1 2 1 1 2 1	ant.	Went		NSET AND DEATH
IMMEDIATE CAUSE (o)	- Proposition	and the	/ care	70,22	Jula.
430 ° O DUE TO					0
Conditions, if any, which (b)					
couse (a), stating the under-					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CITY OF CONTRIBUTIONS 20g. ACCIDENT WAS UNDERLYING CITY OF CONTRIBUTIONS 20g. ACCIDENT WAS UNDERLY WAS UNDERL	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	rminal disease con	DITION GIVEN IN PART 1(a)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Part I ar Part II of	item 1B.)	
OR CONTRIBUTING [] CAUSE OF DEATH					
₹ 20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm, 20f. (City or tov	vn) (County	y) (State)
20c. TIME OF INJURY Manth, Doy, Year 20d. While P. m. 19 at wa	Nat while fo	ctary, street, office bldg.,	etc.)		
p. m. 19 at wa	rk at wark	Con mi	1 1	/ /	
21. I certify that (I) (this haspital) atten			1960, to -16	2c 23, 1960,	that (I) (we) last
saw the deceased alive an Lar 2	2 1960, and that a	death accurred at/2	M, fram the c	causes and an the da	
220. SIGNATURE		ATTENDING _	MED STA	cc	22b. DATE SIGNED
Janes & John	me	M.D. PHYS.	DIRECTOR PHY	rs. 🗆	3.07125
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tawn, ar county)	(Stote)
REMOVAL (Specify) I2/26/60	AT Hope			cess Anne.	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. Pi	ECID BY REGISTRAR	25b. REGISTRAR'S SIGNAT	
777 - 7 .			FCE E. A. 200,	arilan & the	
William h. James Jr. Ir	incess Anne.	Marylandate		4	

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MARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

		14041								Reg. Dist. No	0.	
1.	PLACE OF DEATH					2. USUAL RESID	DENCE (Wh	ere deceosed li	ved. If institution			
	Wi	comico		MAI	RYLAND		rylan	d	D. CODIVIT	Wicomic		
	b. CITY OR TOWN RURAL ond give Salisb		ts, write	c. LENGTH OF STA	ays	V -	own (If o		e limits, write RL			
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g			4,7 6	d. STREET AI	DDRESS				o. IS RESIDENCE	N?
	Penin	sula Gen Ho	. மு			P. 0	Bex	1	Delive	ry	YES NO	X
3.	NAME OF DECEASED (Type or print)	Ozella	st	M. Midd	Mil	Lost		4. DATE OF DEATH	Mont	h D	7 19 6	0
5.	SEX	6. COLOR OR RACE	7. MARRI	ED 🔯 NEVER MARI		B. DATE OF BIRTH	1	9.	AGE (In years		R IF UNDER 24	
	Female	AA	WIDOWE	D DIVORC	ED 🗆	5/16/1	93519	925	lost birthdoy) 35 yrs.	Months Days	Hours M	in.
10	during most of we	TION (Give kind of work or brking life, even if retired	done 10b. I	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPU	ACE (Stote	or fareign cour	ntry)	12. CITIZEN C	OF WHAT COUNT	rry?
	Domest	ie	1	Heme			aryla				USA	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	George	T. White				Li	llie	S. Fie	lds			
15	WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	IO. II	NFORMANT	100		Addr	ess	0.54 (1.54	
(,	No.	(If yes, give war ar dates of s	arvice)		Mr	. John M	ille,	Fruit]	and, Md			
CERTIFICATION	20a. ACCIDENT V	immediate g the under: (c) THER SIGNIFICANT CON VAS UNDERLYING) DITIONS <u>C</u>	ONTRIBUTING TO D						EN IN PART 1(0)	19. WAS AUTO PERFORMED YES NO)?
	OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)									- 33	
MEDICAL	Hour o. m	10	20d. IN While of work	Not while of work		ACE OF INJURY (I tory, street, office			r town)	(Count)	y) (S	tote)
	actual SIGNATURE	that I attended the	decease , 19			, 19 accurred at_ M.D		M, from th		d an the da		ave
200	PHYSICIAN'S NAME (Type)	Andrew C. N				Marylan	d Ave					
22	Burial, CREMAT Burial (Specif	y)	960	22c. NAME OF CE					Ouarter		(State)	
-	FUNERAL DIRECTO			ADDRESS	- G V.G	-	24a. REC'	D BY REGISTRA		TRAR'S SIGNAT	URE	
		B. Jelley,	2014 -1	hamse MA			DATE DE					
	TWATTFARIT .	D. AGITAN,	BATTR	nor. A. Mar			DATE DE	W 1 3 0U	- Ca	Thur & fr		



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	Jon Line		100 miles (100 miles (
Aver to the same	T. C. Dear Department Sept		
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			a series A spross
	John billin, Section		
			AND THE PERSON NAMED IN
			constants.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

	11571	NON OF S	CERTIFIC	CATE	OF DEATH	MORE 1, MA	KICAND		14537
PLACE OF DE O. COUNTY	Wicomico		MARYLA	0.	UAL RESIDENCE (WI		red. If institution b. COUNTY	Wicon	
	OWN (If autside carporate lim give nearest tawn) Salisbury		c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (IF	sbury			
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, UTION Naylor Mi			d	STREET ADDRESS	or Mil	l Road		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print	DEGG	IE	Middle MAY	1	losi IORGAN	4. DATE OF DEATH	DECEN		Day Year 15th19 60
5. SEX Female		7. MARRI WIDOWE	D DIVORCED		OF BIRTH . 188		AGE (In years lost birthdoy) 73 yrs.	Months Do	EAR IF UNDER 24 HRS ys Hours Min.
House V	CUPATION (Give kind of work of working life, even if refire ork at Home	done 10b.	None	(. BIRTHPLACE (Stote Crisfield MOTHER'S MAIDEN I	d, Mary		12. CITIZEN	J S A
James	Edward Your	RCES? 16. 5	SOCIAL SECURITY NO.		aura Et			55 A 2 2	
	OF DEATH [Enter only one of I.DEATH WAS CAUSED BY:	ause per lin		lono	Satisbu	ry, Mar	yland /	[1	INTERVAL BETWEEN DNSET AND DEATH
gave rise	DUE To	b)	24	omb	ros q	leife	leg ve	irs	3
JE 200 ACCID	II. OTHER SIGNIFICANT CO	Recent 20b, DESC	ONTRIBUTING TO DEATH	nore	a .	353 1		N IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER,	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) FINJURY Manth, Doy, You o. m. p. m. N/A 19		_ Nat while _		INJURY (Home, farreet, affice bldg., etc		tawn) N/A	(Coul	nty) (State
	fy that (I) (this haspited	I) attend	ed the deceased fr	am	10/36 19 accurred 81: 50	OR, of rom th	deall e causes and		
22c. PHYSIC	Einest m	Lar	more	M.D. 1	ATTENDING MAN DO		STAFF DE	c/_	7_/1980 ^{NET}
23a. BURIAL, CR		OF	23c. NAME OF CEMETE	ERY OR CREA	ATORY	23d. LOCATIO	N (City, town, or		(State)
	RECTOR'S SIGNATURE	Y S	ADDRESS ALISBURY N	ARYL		D BY BEGISTRA	R 25b. REGIST	RAR'S SIGNA	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITA VR A15 (4) 15M 9/59

and Crairs, him to have been been ren - 12 sinoklavani politika in 1980 the state of the s WANTED TO THE REAL PROPERTY OF THE PERSON OF

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	4	54	 /ISION	OF	STAT			AND	 		
_								_			

		LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived. If instituti		are admission)
	1	Niedmico	MARYLAND	maraula.	b. COUNTY	Dieon	rico
	-		LENGTH OF STAY IN 16		f autside carporate limits, write R	URAL and give ne	parest town)
	S	NANDELLA		Delma	212		
	C	. NAME OF HOSPITAL (If nat in paspital, give street add	dress)	d. STREET ADDRESS			e. IS RESIDENCE
	Pa	nin sula Genera	1 Hospita	R.D.# 3			ON A FARM? YES NO NO
6	1X			-	LA DATE		
		IAME OF ECCASED (ype or print) ROBIN	ELIZABETH ~	muer	4. DATE MOR OF DEATH QUELY	nber-1	7 - 19 60
	,5. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
117	e	make White WIDOWED		Dec. 6,	1960 last birthday) yrs.	Onths Din	Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIN					F WHAT COUNTRY?
		during most of working life, even if retired)	None	Salisb	ury, Maryland	US	A
	13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
		Robert Myer		Jean H	ann		
	15	V	CIAL SECURITY NO. 17. II			ress	**
	(Yes.	no or unknown) (If yes, give war or dates of service)	Mr	s.Allen My	er(Aunt)P.Odd	B.#42 -	R.D.# 3
		140		Delmar,	Maryland		
		1B. CAUSE OF DEATH [Enter only one cause per line f	far (a), (b), and (c).]	4			SET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	speratory	failure		0.1	SET AIRD DEATH
		7 60 EDUETO	0				
		Candifians, if any, which	tono	1 112.00			
		gave rise to immediate	man ante	E HOURSTI	ngt		
		cause (a), stating the under-		t.		The state of the	
	_	lying cause last. (c)	Terrecord	u			
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CAT						YES NO
	正	20g. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Part II af item 1B.)		
	CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	A				
	Z K	20c. TIME OF INJURY Manth, Day, Year 20d. INJU	JRY OCCURRED 20e. PL	ACE OF INJURY (Hame, fa	rm, 20f. (City ar town)	(Caunty) (State)
	MEDICAL	Hour a.m. N/A 19 While	Nat while	ctory, street, affice bldg., e	N/A		
	Z	p. m. 14/12 19 at work	at work	162 11	10 010	1 6	
		21. I certify that (I) (this hospital) attended	the deceased from.	12/6,1	200,10	19 6 0, tl	hat (I) (we) lost
		saw the deceased alive on	19 60 and that	deoth accurred at 8	M, from the couses or	nd on the dot	e stated above.
		22a. SIGNATURE			/		22b. DATE
		William ("M)	macin	M.D. PHYS.	MED. STAFF PHYS	7 7	7 ISIGNED
		22c. PHYSICIAN'S	1	22d. ADDRESS		Sec.	1 100
		Dr. William C. Morga	e.n	Medical	Center - Sa	lisbury	, Maryland
	22						
	230.	REMOVAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (City, town,	ar caunty)	(State)
-		Burial Dec. 19, 1960	Parsons C	emetery	Salisbur	4 - A	
1		UNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. REGI	STRAR'S SIGNATU	JRE
1	H	OLLOWAY & COMPANY SA	ALISBURY MA	RYLAND DATED	FO 2 0 '60 Clay	Unar S. Krau	N. C.

ALC: WILL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATL!

			_	-	
CEDI	IFIC	ATE	OF	DE	ATLE
CERT			Or	UE	AIR

1. PL o.	ACE OF DEATH COUNTY W	comico		MARYL		usual RESIDENCE	Where decease	b. COUNT		comico	
ь.	RURAL ond give ne	outside corporate limits arest town)	s, write c.	LENGTH OF STAY IF	V 16	Sal	If outside corpo		RURAL ond g	ive nearest to	ıwn)
d.	NAME OF HOSPIT	AL (If not in haspital, gi	ve street add	dress)		d. STREET ADDRESS R. D				ON	RESIDENCE A FARM? NO
DI	AME OF ECEASED ype or print)	FANN.		Middle CATHERI	NE	PARKER	4. DATE OF DEATH	DECE		9th	Year 19 60
S. SE	x emale	7.79. 4 1 -	7. MARRIED	DIVORCED		ate of Birth	91	9. AGE (In years lest birthday) 69 yrs	Manths 3	Des Hour	7
13. F/	House Work House Wo ATHER'S NAME James W. VAS DECEASEDEVER	IN (Give kind of work ding life, even if retired) ORK at Hore Calloway IN U. S. ARMED FORCE	me CES? 16. 50	None	1		co Co.	Marylar	nd U	S A	T COUNTRY?
-	NO B. CAUSE OF DEA	If yes, give war or dates of se		far (o), (b), ond (c).]	III. In	arion la	/ S	alisbu	y Ma	INTERVAL ONSET AN	BETWEEN
	Conditions, if or gove rise to it cause (a), stating lying cause lost.	the <u>under-</u> DUE TO		Course	Con	trund	kur			2) rest
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONE	74	ypolon	-	and,	low	t,	IVEN IN PART	PER	S AUTOPSY FORMED?
	IF EITHER, NOTIFY	MEDICAL EXAMINER)	20b. DESCRI	A INJURY OC	CURRED. (E	inter nature of injury	in Part I or Pa	rt (1 of item 18.)			
MEDICAL	Oc. TIME OF INJUR Havr a. m. p. m.	Month, Doy, Yea	While of work	_ Not while		OF INJURY (Home, for street, office bldg.,		y or town) N/A	(0	County)	(Stote
	sow the deceas	t (I) (this hospital) ed olive an .Ernest 1	La	19, ond 1		ATTENDING K	MED. DIRECTOR			that (I)	
24. F	BURIAL, CREMATIO REMOVAL (Specify) BUP121 UNERAL DIRECTOR' LLOWAY &	Dec . 12 , 2 s SIGNATURE	1960	23c. NAME OF CEME	Chur	ch Cemet	23d. LOCA	TION (City, tawn, D.# Sa. STRAR 25b. REC		ry, Ma:	rylan

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VR A15 (4)

15M 9/59

MARYLAND	STATE	DEPARTMEN	T OF HEALTH	
L OF STATISTICAL	DECEADOU	AND DECORDE	PAITIMODE & MARRY	i

14549 DIVISION RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico a. COUNTY MARYLAND NIComico b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Salisbury 0 e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) H. STREET ADDRESS ON A FARM? OR INSTITUTION Genera YES NO NAME OF First Middle Year DECEASED 1960 (Type or print) Bertha DEATH ecember IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days DIVORCED | WIDOWED A -e ma 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Domesti 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Candilians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES INO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (State) Day, Year (County) factory, street, office bldg., etc.) MEDI Haur a. m. While Nat while at wark at wark, and that death accurred at IPM, fram the causes and an the date stated abave. saw the deceased alive an 22a. SIGNATURS SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23b. DATE THEREOF 23g. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Venton 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

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THE RESERVE OF THE PERSON OF T

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2 4000				
PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where on STATE Maryland	deceased lived. If institution b. COUNTY	Residence befare admission) , Wicomico
b. CITY OR TOWN (If outside carporate lim RURAL and give nearest town) Salisbury	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	de carporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL (If nat in hospital, OR INSTITUTION	give street oddress)	d. STREET ADDRESS	nington St	e. IS RESIDENCE ON A FARM? YES NO T
	rst Middle	Last 4.	DATE Month OF DEATH DECE	/
	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
Male White	WIDOWED DIVORCED	Aug.17,1890	70 yrs.	Months Days Haurs Min.
0a. USUAL OCCUPATION (Give kind af wark during most af warking life, even if retired Laborer	dane 10b. KIND OF BUSINESS OR INDU		oreign country)	USA
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
James H. Parsons		Amanda Ba		
5. WAS DECEASED EVER IN U. S. ARMED FO Yes, no, or unknown) (If yes, give war or dates of	RCES? 16. SOCIAL SECURITY NO.	Street Sal	Parsons(Wiff lisbury Mar	ë)113 Washingt yland
cause (a), stating the under.	· Congestire	- heart y	alure	/ah,
CATIC	NDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in Part	I ar Port II af item 18.)	
20c. TIME OF INJURY Manth, Doy, You Hour a.m. N/A 19	sar 20d. INJURY OCCURRED While Not while of wark of wark	ACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f. (City ar tawn) N/A	(Caunty) (State)
21. I certify that (I) (this haspite sow the deceased give on 7	nattended the deceased from	deoth occurred at M,	from the couses and	I on the dote stated obove
200 March Said	Isla	ATTENDING MED.		ec. 19,1960 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Earl B.	Beardsley	22d. ADDRESS Maryland		ury, Maryland
30. BURIAL, CREMATION, 23b. DATE THERE BURIAL Dec.19		or CREMATORY Semorial Park	Salisbury	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
HOLLOWAY & COMPAN	Y SALISBURY MAR	RYLAND DATEDEC 2	1 '60 Outh	un & Kanea

death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond campletely filled in by the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

the State Board of Health prior ta burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL VR A15 (4) 15M 9/59

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
576 CERTIFICATE OF DEATH 14576

		-									1
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYL	AND	2. USUAL RESI	aryla:	ere deceased nd	lived. If instituti b. COUNTY		* * * *	mission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limit necrest town) Hebron	s, write	c. LENGTH OF STAY II	N 16	CITY OR			ote limits, write R	URAL ond g	ive nearest t	own)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, gi				d. STREET		t. Ex	t.		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	ISAAC	t	Middle LINWOOD	P	HILLIF	st	4. DATE OF DEATH	DECE		Doy 30th	Year 1 1960
5. SEX Male	7.79 1	7. MARK	RIED NEVER MARRIED	_	NOV.	н 5.188		9. AGE (In years lost birthdoy) 77 yrs.			NDER 24 HRS.
netired	TION (Give kind of work of orking life, even if retired) Employee (J	one 10b.	KIND OF BUSINESS OF LABORET		RY 11. BIRTHP	LACE (Stote	or foreign co , Mary	untry) land	12.CITIZ	-	AT COUNTRY?
13. FATHER'S NAME	ames Phill	ina			14. MOTHER'S		n Hop	leina			
	VER IN U. S. ARMED FORCE	ES? 16.	social security NO.	11.1	Clarer Hebi	nce M		lips(Bi	röthe	r)Wa]	nut S
Conditions, if gove rise to cause (o), stotin lying cause los	immediate DUE TO				1						
CATIC	OTHER SIGNIFICANT CONI	nfl	CONTRIBUTING TO DEA	. 6	rolel	1	2/4	promi	VEN IN PART	PE	AS AUTOPSY REORMED?
OR CONTRIBUTIN	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Yeo	N	/A		E OF INJURY				IC	County)	(State)
WEDICAL TIME OF INJ	n. NY /A 10	While at wor	Not while		N/A)	N/A	,		(Sidile)
saw the dece	hat (I) (this haspital eased alive an /	attend 2/3	ded the deceased to 19_69 and			4:30	M. from	the causes ar			l) (we) last ted abave.
220. SIGNATURE	Einest	7	Larmo	re m		IG X MI		STAFF PHYS. I	Dec.	30	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	M.La	armore		Deln		elawa	re			
23a. BURIAL, CREMAT REMOVAL (Speci Burial			23c. NAME OF CEME			7		ION (City, town,	or county) Maryl	a nd	State)
24. FUNERAL DIRECTO			ADDRESS				D BY REGISTI	RAR 25b. REGI	STRAR'S SIG		
HULLOWAY	& COMPANY	SA	ALISBURY N	TARY	LAND	DATEAN	5 '61	Line	hun S. Ti	Menda	

AND THE PERSONNEL OF DESCRIPTION OF 10x 12x m1 20 or mile Elevant Elevant More Elevant the training section of the large terms of the The reason to the terminal and the second terminal and

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 1	8
MARILAND	JIAIL	DEI AKIMEITI	OI	TILALITI-BALTIMORE, I	0

14551 CERTIFICATE OF DEATH

Reg. Dist. No.

-						nog. E	
1.	PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Marv]		. COUNTY	ence before admission) V
	RURAL and give	Salisbury	LiMos. 2L Da.	c. CITY OR TOWN (IF	autside carporote lin		
	d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, give str Deer's Head St		d. STREET ADDRESS	ins Street		e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	First Sadie	Middle	lost Pruitt	4. DATE OF DEATH	Month	Day Year 3. 19.60
5.	sex Female	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	383 Plast	December E (In years birthday) 77 yrs. IF UNDE	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
L	-Uni		b, Blacles		and Swar	While 12.CI	U. S. A.
	S. WAS DECEASED EV	VER IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT Hospi		Address ds Salf	isbury, Md.
	The second second second	immediate g the under-	Gerebrat Generalize	The one	is sel	rosis	INTERVAL BETWEEN ONSET AND DEATH
CATION		THER SIGNIFICANT CONDITION	ns <u>contributing to death</u> bu	T NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF		VAS UNDERLYING 20b. I NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Part II of i	tem 18.)	
MEDICAL	20c. TIME OF INJU Hour a. m p. m	WI	d. INJURY OCCURRED nile Not while forwork of work	LACE OF INJURY (Hame, for sctary, street, office bldg., et	m, 20f. (City or tow	vn)	(Caunty) (State)
	21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Zei Z Z	eased fram 7/12/9 60, and that death	.M.D	AM, fram the c	auses and an th	ast saw the deceased the date stated above. DATE SIGNED
22	Semoval (Special)	Dec 3/60	3 DAME OF CENTERY		22d. OCATION W		ruf md
23	Welly C	STATURE /	Sun Hill -		EC 5 '60	24b. REGISTRAR'S S	IGNATURE /

12.1 marks - 12.1 Charles merchan a line to the barrier of the barrier The state of the s ASSESSMENT OF HER PROPERTY AND ADDRESS.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 4552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before edmission) y is necessary, I director. Page for your files. a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Maryland Wicomico
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. Street ADDRESS for . IS RESIDENCE ON A FARM? 3 to the funeral retained he State B YES NO X Delaware St. Middla DECEASED OF (Typa or print) DEATH Lee Reid 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years 2 with age 5 may 1 and 2 wil 72 hours a last birthday) 2, and Months Days WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? dona during most of working life, even if retired in Item 18. Give Pages pages PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyasgiva war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Asphyxia Sudden **DUE TO** removai. Conditions, il any, which Aspiration of vomitus gave risa lo immediata causa DUE TO (a), stating the undarlying 38 causa last. used PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 2Da. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. hild put to bed after 1 A feeding. A.M. feed 20c. TIME OF INJURY (County) (State) factory, straat, office bldg., atc.) Whila Not Whila Hour a.m. at work | et work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy y. alnspection Inquiry and in my opinion death resulted from Natural causes Accident Suicide Flomicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Earl Royer METERY OF CREMATOR NAME (Type) DEPU 220 BURIAL CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Deoss) Vell C 940 6 uscal 24a. REC'D BY REGISTRAR 24b. REGISTRARS SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME DAT DEC 21 '60

EAST OF THE PROPERTY OF THE PR Late ware the season of the se The state of the s A LINE CONTROL THE PROPERTY OF . The same and the TO THE STATE OF TH

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MARYLAND	STATE	DEF	ARTMENT	OF	HE	ALTH	ı
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - RAITIMORE 1 MARYLAND

	14551	>	CERTIF	ICATE	OF DEAT	Н	MAKICANO		1	115	7 200
1. PLACE OF DEATH o. COUNTY	Wicomico	,	MARY		USUAL RESIDENCE (ed lived. If institution b. COUNTY	on: Resider			ion)
b. CITY OR TOWN RURAL and give r	(If outside corporote limi learest town) Salisbury	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corp	orote limits, write R	URAL ond	give near	est town)
OR INSTITUTION	TAL (If not in hospitol, g				d. STREET ADDRESS RFD #3				0		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Mattie		Middle		lost binson	4. DATE OF DEATH	Mon Dece		Doy 26		Year 19 60
5. SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI		ATE OF BIRTH pril 28, 1	920	9. AGE (In years lost birthdov) 40 yrs.	Months Months	Days Days	Hours	R 24 HR Min.
Oa. USUAL OCCUPATI during most of wo Unkno	ON (Give kind of work king life, even if retired WM	done 10b.	KIND OF BUSINESS O	R INDUSTRY	North Ca		country)	12.CIT	IZEN OF	WHATC	OUNTRY
3. FATHER'S NAME Sin	Kornegay			1	4. MOTHER'S MAIDEN	N NAME Bryant					
	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO Unknown), 17, INFO	MANT Hospital	Recor	Add	rėss	1 3		
Conditions, if gove rise to couse (a), stoting lying couse lost PART II. OT	the <u>under-</u>	·)	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TEI	RMINAL DISEA	SE CONDITION GIV	/EN IN PAR	RT 1(a) 19	PERFO	AUTOPS'
G (IF EITHER, NOTIF	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	inter nature of injury	in Part I or Pa	rt II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. I While of war			OF INJURY (Home, for, street, office bldg.,		y or town)	((County)		(State
	at (I) (this haspital seed only an Description Descrip	01	1960, and		ATTENDING D	MED. DIRECTOR	CTARE	Dec.	26,	225 1960	abave b. DATE SIGNE
23a. BURIAL, CREMATI- BEMOVAL (Specify BURIA) 24. FUNERAL DIRECTOR		OF O	23c. NAME OF CEM	ETERY OR C	REMATORY CE 10	23d. LOCA	ATION (City, town,	or county)	1.	(State	e)

Carriagna - Teft Break 2-12. Charles and the state of the st

			OF STATISTICAL RESEARCH AND	RECORDS	- BALTIMO
4	(;	1)4	CERTIFICATE	OF D	EATH

		Others	14004		CERTIF	ICATI	E OF DEATH			145	46
		LACE OF DEATH	comic	0	MARY		usual residence (W)		If institution: Residence.	e before admission	
		. CITY OR TOWN (If outside corporate lim	its, write c.	LENGTH OF STAY	IN 1b	c. OTY OR TOWN (IF	ntside carporate lim	its, write RURAL and g	ive nearest lown)	
	1	alisb	urk				Dalest	well	1	2.	
	0	OR INSTITUTION	TAL (If not in haspital, s	give street add	Hospita	1 4	to 4 Mor	itical	lo leve	e. IS RESIDE ON A FA YES N	RM?
	0	IAME OF ECEASED	Fi	rst	Middle	6	Last	4. DATE OF DEATH	Month	Day Yeo	
	S. S	Type or print)	6. COLOR OR RACE	7 MAPPIED	NEVER MARRIE		DATE OF BIRTH		(In years IF UNDER	YEAR IF UNDER 2	60 24 HRS.
	1	nalo.	Mikites	WIDOWED [lost		Days Hours	Min.
	100.	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b. KIN	D OF BUSINESS O	R INDUSTR	Y 11. IRTHPLACE (Stote	or foreign country)	12.CITI.	EN OF WHAT COU	INTRY?
	1	rales	mans	,			Gamo	re	100	NSH	
1	13. 1	ATHER'S NAME	1			900	14. MOTHER'S MAIDEN N	IAME			
ŀ	15. V	WAS DECEASED E	ER IN U. S. ARMED FOR	RCES? 16. SO	CIAL SECURITY NO.	17/INFO	RMANT	1 0	Address		
1			(If yes, give war or dates of			Des	erly &	chon	- Da	ue_	
			ATH [Enter anly one co	ouse per line fo	ar (a), (b), and (c).	0				INTERVAL BETWO	EEN ATH
		PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	2) (and	Ce	monde	7 00	cheesean.	0.1321 7.13 50	
		43	DUE TO	10.0	10. NI	10 101	a. 0100	milo.	e tion	500100	. No.
		Conditions, if a	immediate	2) [[[]	14	1)00	- COLOR SOL	10/100	CC_D CONC	J. M. Lin	M. Chris
		lying couse lost.	rne under-	c)							
	CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS CON	ATRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PAR	PERFORM	TOPSY IED?
	CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OF	CCURRED. ((Enter nature of injury in	Part I or Port II of i	tem 18.)		
	MEDICAL	20c. TIME OF INJUI	RY Manth, Day, Ye		RY OCCURRED		E OF INJURY (Hame, farm ry, street, office bldg., etc		(n)	ounty)	(Stote)
	MED	p. m.	19	While of work	Nat while ot work	10010	,, shoot, office brog., cie				
			at (1) (this hospita					4	2-7, 196		
		saw the decea	sed alive an	18-1	19 <u>60</u> , and	that dec	oth occurred at 4%	M, from the c	auses and on the	date stated al	
		191	my	luly	1	M.1	D. PHYS. DI	ED. STA	FF 'S. 🔀		IGNED
		22c. PHYSTCIAN'S NAME (Type)					22d. ADDRESS	2 -1 /	10110	12/	2/60
	000	1	and an extension	05	11.		12/1/1/	arzlai	19 4VE.		
	239	BURIAL, CREMATIC REMOVAL (Specify	236. DATE THERE	0 2	haar	2L /	Filoh	23d. TOCATION R	alto	Model	ر
1	2/2	FUNERAL DIRECTOR	VS SIGNATURE	2100	ADORESS TO	is fo	10000	D BY REGISTRAR	25b. REGISTRAR'S SIC	NATURE	
7	6	ech pel	000/1000	~100	المالين المالين	1,2	DATEDE	C 9 .pn			

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 shauld be filed with the State Board af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hause

fter death. Page 4

TO HOSPITA VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

145000 MARYLAND

Or	STATISTICAL RESE	AKCH AND K	FCOKD2 -	BALTIMORE I
	CERTI	FICATE	OF DE	HTA

1	1. PLACE OF DEATH o. COUNTY	Vicomico	MARYLAND	o. STATE	here deceased lived. If ins	stitution: Residence before admission) UNIY Dorchester				
1	RURAL and give ne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give nearest town)				
	Salisbu	LLV AL (If not in hospital, give street	152 days	Secret	ary	ie attiDENCE				
À	OR INSTITUTION	Head State Ho		d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF	First	Middle	Last	4. DATE	Month Day Year				
	(Type or print)	Frank	F.	Shimek	OF _	Dec. 5 19 60				
	5. SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 4/2//88	9. AGE (In)	yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. Hours Hours				
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CLITZEN OF WAR AND THE COUNTRY OF										
1	13. FATHER'S NAME	n Shem	d	14. MOTHER'S MAIDEN	NAME Les	llich				
1	1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	Promant Tras	ok Shimed	Address Secretary md				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										
	PART I. DEAT	TH WAS CAUSED BY:	Acute myocard	ial failure		ONSET AND DEATH				
	450-6 DUE TO									
	Conditions, if or	y, which) (b)	Arteriosclero	sis, general		10 years				
	gove rise to in couse (a), stating t	nmediate (
	lying couse lost.	(c)								
	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
		S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 11	B.)				
	20c. TIME OF INJURY Hour o. m. p. m.	While	£	ACE OF INJURY (Home, fare tory, street, office bldg., etc		(County) (State)				
	21. I certify that	7				5, 19_60, that (I) (we) last as and on the date stated above.				
	220. SIGNATURE	P	/ Ond mar d	5:30		22b,DATE				
	Les	& das	very	M.D. ATTENDING M	AED. STAFF PHYS. T	12/5/60 12/5/6				
1	22c. PHYSICIAN'S NAME (Type)	Lee L. Lawry,	M. B.	22d. ADDRESS Deer's F	Head Hospital	l; Salisbury, Md				
	230 BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d COCATION (City) to	own, ox/county) (State)				
	24 FUNERAL DIRECTOR	Signature The Constitution of the	and Kui Ma	chet Me DATE DE		REGISTRAR'S SIGNATURE				

I FRAM CENTROLE OF DEATH THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAS

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		DIVISION	OL SIVILIZIONE VESEWY	CII	7110	KECOK	03	DAL
4	5	56	CERTIFI	CA	ATE	OF	DE	ATI

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1	WICOMICO	LAND	O. STATE MAJEY LAND B. COUNTY WOIZCESTER
/	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Н	SALISBURY 5 DAYS	5	NEWARK 23X-1
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	PENINSULA GENERAL HOSPITAL		POUTE TO YES NO [
	3. NAME OF First Middle DECEASED		Last 4. DATE Manth Day Year
	(Type or print) JOSE Bh		SHUCKLEY DEATH DECEMBER 19 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED 🔲	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igst birthday) Months Days Hours Min.
	MALE COLORED WIDOWED DIVORCE		7-4-1900 60 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of during most of working life, even if retired)	R INDU	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	FARMER HARMING		MARYLAND O.S.H.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	GEORGE Shockley		HESTER POFUCE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. 11	IFORMANT Address
	NO NO 218-30-1051	LAC	IR REESE Shockley-SNOW Hill, And Pot
ſ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1 1	A 91 A INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) (Trieres	elo	ratio Seouth useaso).
П	DUE TO O A . O I	1	
	Conditions, if any, which) (It sede	12	cost failure (Cor Vuluousle) 5 days
	gove rise to immediate	1	4 10.0
	lying couse lost.	Hes	ructive emphyseura
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA		PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in Port I or Part II af item 18.)
	OR CONTRIBUTING CAUSE OF DEATH		
1			ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
П	Haur a.m. P. m. 19 While Not while at work at work	10	1 ,
	21. I certify that (I) (this haspital) attended the deceased	from	12 14 1960 to 12/19 1960 that (1) (we) last
			leath accurred at 1 45 M, from the couses and on the date stoted obove.
	22a. SIGNATURE	marc	22th DATE
	Vufes S. Hornier	V	M.D. PHYS. MED. MED. STAFF 12225GNED
1	22c. PHYSICIAN'S NAME (Type)	(22d ADDRESS
	Rutus J. GARDORY	JR.	Salisburg Ma.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME_OF CEME	ETERY C	R CREMATORY 23d. LOCATION (City, town, ar county) (State)
	Burial 12/22/60 St. Pets	E PS	CEM- NR. NOWACK, Mad.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-	Thornton B. Jollen Salish	Live	DATE DATE DELIZ 8'60 arthur S. Kraus

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPART	MENT OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		14557		CERTIF	ICA	TE OF DE	EATH				145	10
	PLACE OF DEATH D. COUNTY	icomico		MAR	YLAND	2. USUAL RESID o. STATE	Mary		d lived. If institution b. COUNTY		omic	
	RURAL and give ne	outside corporate limi orest town) alisbury	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		sbury	rote limits, write R	URAL ond g	ive nearest (awn)
	d. NAME OF HOSPITA OR INSTITUTION 2	AL (If not in haspital, g		st Ave		d. STREET AI		E.Pir	nehurst	Ave.	0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	MALIS		CATHERIN		Last SHOCKLE		4. DATE OF DEATH	DECEMB!		Doy 18th	Year 19 60
_	Female	6. COLOR OR RACE White	WIDOW		0	B. DATE OF BIRTH	31,1	880	9. AGE (In years lost birthdoy) 80 yrs.	Months	Days Ho	
	House Wo:	ing life, even if retired	done 10b.	NC	ne indus	Smme	rset	Co.I	ountry) Maryland			AT COUNTRY?
)	FATHER'S NAME Edward W		Y			14. Mother's	Ann	e Ha]	1			
Yes	No	IN U. S. ARMED FOR If yes, give wor or dates of s	ervice)	social security No			W.S.	hock] Sali	ey(Husi	nand) Maryl	and and	E.Pin
7	Canditions, if on gove rise to in cause (o), stating t lying cause last.	the under-)	genede	-ze	las	The	sis	psis		7.0	ND DEATH
CERTIFICATION	20a. ACCIDENT WA	1	Ly pos	CRIBE HOW INJURY C	α	teros	selen	te	deala	VEN IN PART	PE	REFORMED?
MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	Month, Day, Ye	20d. II While of wor	NJURY OCCURRED Not while at work	20e. PL/ foc	CE OF INJURY (Hotory, street, office N/A	Home, farm, bldg., etc.	20f. (City	or town) N/A	(C	County)	(Stote)
	saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		7./	ded the deceased 1960, and Millian Okins	l that d	M.D. PHYS. 22d. ADDRE	SSS ME	D. RECTOR	Production of the courses or STAFF PHYS. Iaryland	Dec.		l) (we) last ted abave. 22b.DATE SIGNED /1960
230	BURIAL, CREMATION	Dec.23,		23c. NAME OF CEM		R CREMATORY	Par	23d. LOCA	TION (City, town,		yland	(State)
	FUNERAL DIRECTOR'S		SA	ALIBBURY	MAR	YLAND		C 2 1 '6		ithm S.	1 1	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14558 il directar, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before agmission) PLACE OF DEATH o' COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY, IN 16 c. CITY OR TOWN Alf-outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 12 F YES NO and NAME OF Middle DATE Yeor Last Month Day filled las 1 DECEASED Pages death. (Type or print) DEATH - 19 9. AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH lost Firthdoy) Months Days afte DIVORCED [WIDOWED | papers. 10a. USUAL OKUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during host of borking life, even if retired) BIRTHPLACE (Stote or foreign county) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address sawado attending INTER AL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate per DUE TO couse (o), stoting the underno Carounder a CLC lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) OS 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that (this hospital) attended the deceased fram. , .ta _____, 19___, that (t) (we) last ed TO FUNERAL DIRECTOR: A page 3 should be detached by Health saw the deceased alive an 120 31 19 6 and that death accurred at 12 M, from the causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR . ore M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 sh the State DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION SOCATION LCH (Stote the 25b. REGISTRAR'S SIGNATURE 25a. REC'D 8Y REGISTRAR VR A15 (4) DATE JAN 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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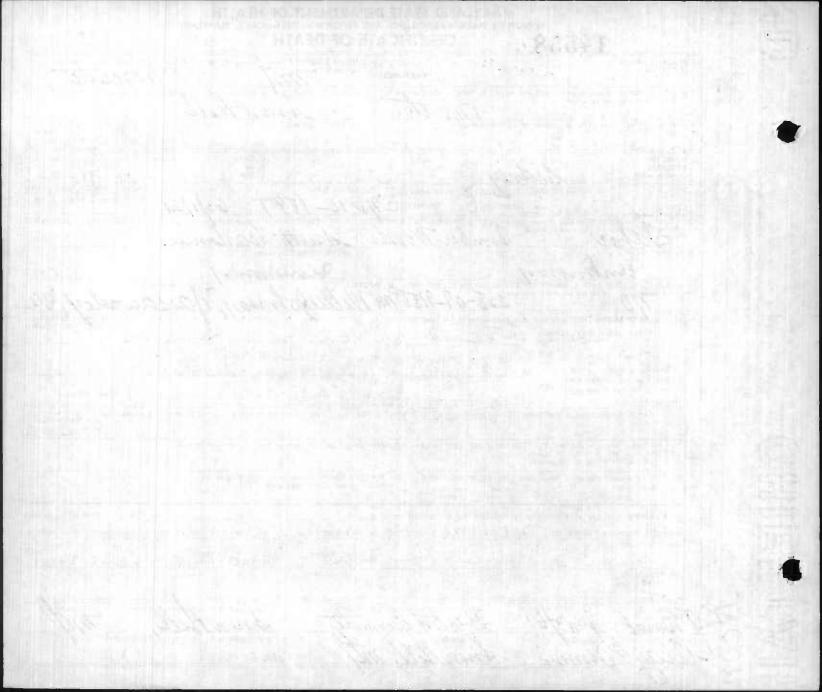
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MARYLAND STATE DEPARTMENT OF HEALTH

		DIVIS	ION OF	STATISTICAL RESEAL	RCH AND	RECORDS — B.	ALTIMORE 1,	MARYLAND				
		1455	9	CERTIF	ICATI	OF DEA	TH		11	155	-1	
ħ.	PLACE OF DEATH			MARYL		. USUAL RESIDENCE	E (Where decease	ed lived. If instituti b. COUNTY	0			
-		If outside corporate limi	its, write	c. LENGTH OF STAY I		c. CITY OR TOWN	(If outside core	porote limits, write R		DERS give negro		
	RURAL and give n			DOA			ICESS A			19	X-º	3
		Ab (If not in hospital, s	ive street			d. STREET ADDRE		77776	4	е.	. IS RESIDENC	
		Phinsula	JOH	MAI HOSP	,	207	BECKE	ORD AVE	NUE		YES NO	X
3.	NAME OF DECEASED (Type or print)	BLAI		Middle MAE		Sturgis	4. DATE OF DEAT	Mor H /2	ith	Day 28	Yeor 196	
5.	SEX	6. COLOR OR RACE	1	IED NEVER MARRIE	7	DATE OF BIRTH		9. AGE (In years	-	1 YEAR	F UNDER 24 H	_
1	Female	white	WIDOWS			EB. 16.	1881	19 yrs.	Months	Days	Hours Mir	n.
100	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12.CIT	IZEN OF V	WHAT COUNT	RY
	HOUSEW.	-					RGINIA	7	L	ISA.		
13.	FATHER'S NAME					14. MOTHER'S MAIE						
		C. LIL.					A. B					
	s, no, or unknown]	R IN U. S. ARMED FOR (It yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFC		1 0000	AL DOCUM		N. C.	· mi	
-	NO CAUSE OF DE	THE CO.	Luca con lie	NONE	VIIKS	HOBSON	COKBII	v, Pocon	TORE	- 7	EVAL BETWEEN	
		TH WAS CAUSED BY:	1	ne for (o), (b), and (c).]	4	Mus	API A.	1-to)		TAND DEAT	
ı	427	IMMEDIATE CAUSE (c	2700		/			1		/<	-/	
	Conditions, if o		1	benerali	re	d Chi	en	seller	ozi	, 1	2	1
	gove rise to i couse (o), stoting			10	8						7 40	1
-	lying couse lost.) (0	1 7	Mul	V	1					0 1	
ATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PAR		PERFORMED	2
FIC	20g, ACCIDENT W	AS UNDERLYING TI	20b. DES	RIBE HOW INJURY OF	CURRED.	Enter nature of injus	ry in Part I or F	ort II of item 1B.)			ILS [] NO	
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	U				U					
DICA	20c. TIME OF INJUI	RY Manth, Day, Ye	or 20d. It	Not while		OF INJURY (Hame, y, street, office bldg		ity or town)	((County)	(St	ate
MEDI	p. m.	19	ot war									
	21. I certify the	at (1) (this haspita	1) attend	ed the deceased		- 1	. 1957, ta				i () i	
		sed alive on Al	Cid	3, 1960, and	that dec	th accurred at	M, fran	n the causes ar	nd an th	e date		
-	220. SIGNATURE	Lens	2.		M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	12-	.29.	22b. DATE	
	22c. PHYSICIAN'S NAME (Type)	DO	2	11	~	22d ADDRESS	100	C D		Mari	/-	
		M.C. L	21	N15, M	1	IFYIL	rces	NAVE	C,	rar	YIGN	2
23	BURIAL, CREMATIC		OF / C	23c. NAME OF CEME	TERY OR	REMATORY	23d. LOC	ATION (City, tawn,	ar county)	4.0	(Stote)	

12-31-60

ADDRESS

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

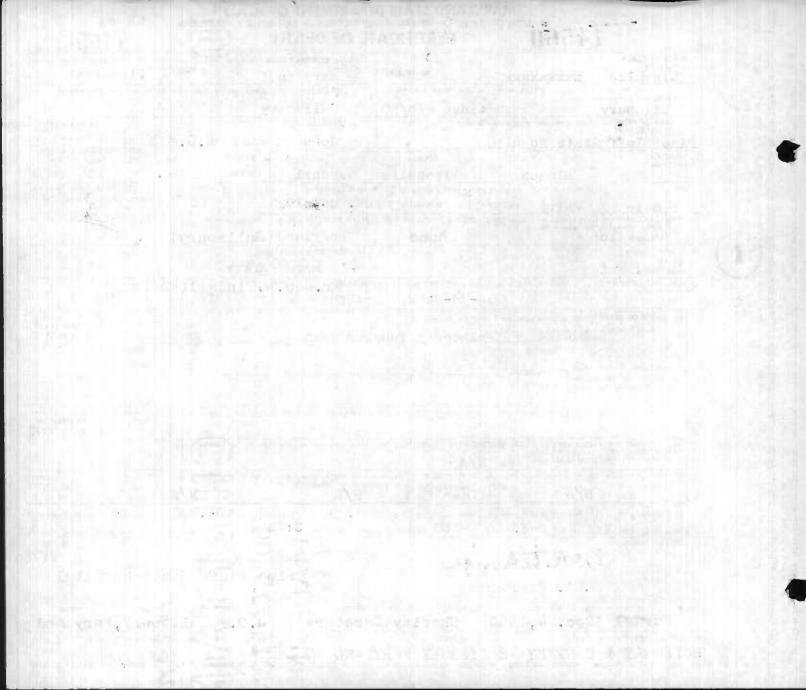
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N	OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE	1, MARYLAND
	CERTIFICATE OF DEATH	
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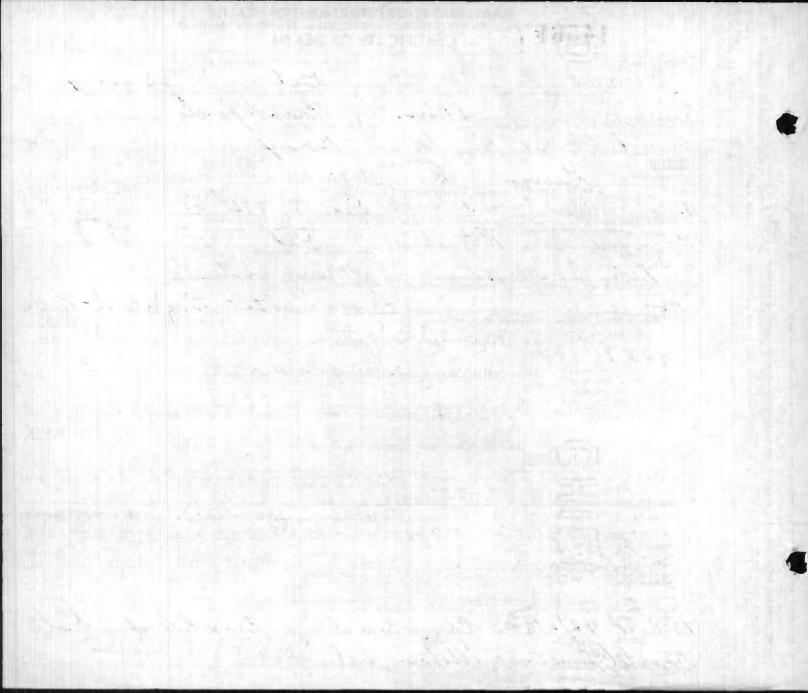
14560	CERTIFICA	TE OF DEATH		14552
1. PLACE OF DEATH 6. COUNTY Wicomico XXXXXXXXXXXX	MARYLAND	2. USUAL RESIDENCE (Where dec a. STATE Maryland	L COUNTY	Residence befare admission) Wicomico
b. CITY OR TOWN (If autside carporate limits, wr		c. CITY OR TOWN (If outside	carporate limits, write RURA	L and give nearest tawn)
RURAL and give nearest town) Salisbury	Since 8/6/60	X Salisbury		
d. NAME OF HOSPITAL (If not in hospital, give st		d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	+01	Johnson Roa	ad R.D.# 4	ON A FARM? YES NO
Pine Bluff State Hospi 3. NAME OF First	Middle	Last 4. DA		Day Year
DECEASED		Ol		21 19 60
Dianene	Isabella	B. DATE OF BIRTH	5000	UNDER 1 YEAR IF UNDER 24 HRS.
	AARRIED NEVER MARRIED	Feb. 26, 1895	last birthday) Ma	onths Days Haurs Min.
Lemare Mirror			7.5.	12. CITIZEN OF WHAT COUNTRY
 USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 			0 ""	USA
Domestic	None	Maryland (Sa	illsbury)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Samuel Twigg		Mary Parl	ker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 17. II	WFORMANEIT. Geo. W. I	indall (Musi	band)
No	218-34-9592	Records of Pine	Bluff State	Hospital
18. CAUSE OF DEATH [Enter anly ane cause p	er line far (a), (b), and (c).]	The second borne		INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary Tub	erculosis		7 years
O D J WILL CAUSE (a)				
Canditians, if any, which (b)				
cause (a), stating the under-				
lying cause last.) (c)				
PART II. OTHER SIGNIFICANT CONDITIO	ons <u>contributing to death</u> bu'	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I o	or Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20 Haur a.m. P. m. N/A 19 at		ACE OF INJURY (Hame, form, 20f.	(City ar tawn)	(Caunty) (State
Haur a.m. N/A 19 of		ctary, street, affice bldg., etc.)	M / A	
	wark at wark	N/A	N/A	10.60
21. 1 certify that (1) (this haspital) at	tended the deceased fram.			19 <u>60</u> , that (I) (we) last
saw the deceased alive an Dec.	2019_6U, and that	death accurred de 9 4%, fo	rom the causes and a	
22a. SIGNATURE EXPRITE	* * * * * * * * * * * * * * * * * * *	M.D. PHYS. MED. DIRECTO	R X STAFF	22b. DATE 12/21/0
22c. PHYSICIAN'S NAME (Type) E. P. Ritcl	F			e Hospital
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY 23d. I	LOCATION (City, tawn, ar ec	ounty) (State)
REBUTIET Dec.24.19			- 11 -	ury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY R		R'S SIGNATURE
HOLLOWAY & COMPANY		2000	7 100	un 8 br



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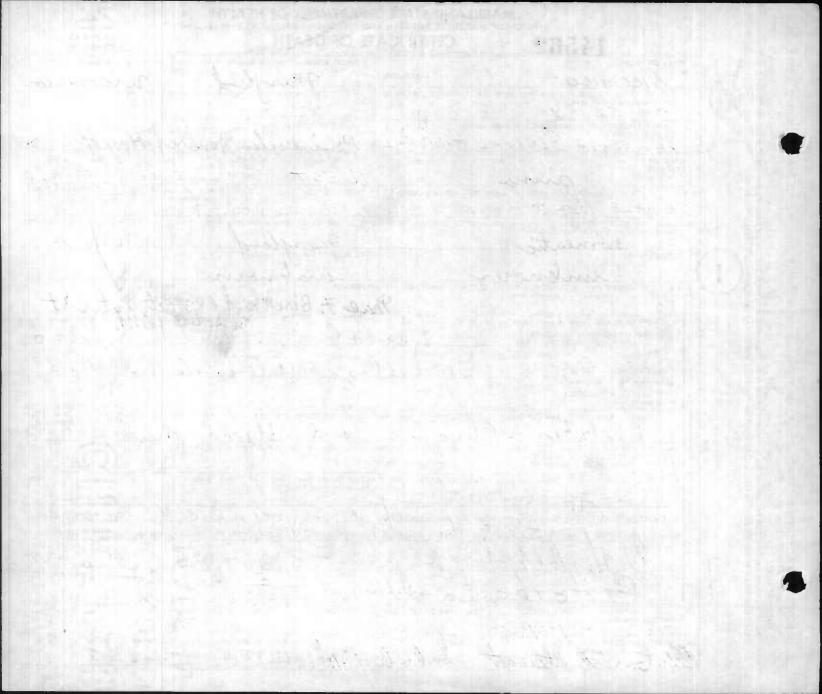
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1	1	-	() [VISION	I OF	STATI	STICAL	RESEA	RCH A	UND	RECOR	DS -	BALTIA	MORE	1,	MARYLA	ANI
L	4	()	().	L			CE	RTIF	ICA	TE	OF	DE	HTA			MARYLA	

1	1. P	LACE OF DEATH . COUNTY . LUI COMICE	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Residence b. COUNTY	e before admission)
	Ь	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	orate limits, write RURAL and g	ve nearest fown)
4	1	NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION)	address)	d. STREET ADDRESS	orce	IS RESIDENCE ON A FARM? YES NO
4	_	pinsula General /	VOS p.TAI	may		
	(IAME OF ECEASED Type or print) Henge	Briddle	Waples 4. DATE OF DEATH	JACKMOE!	B 1940
	5.5	6. COLOR OR RACE 7. MARE	THE TEXT MARKIES .	B. DATE OF BIRTH 28, 1876		YEAR IF UNDER 24 HRS. Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE State or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY?
	13. 1	ATHERS NAME	elingt.	14. MOTHER'S MAIDEN NAME	+1	
	15. Y	na, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT OF 4	Address	1-7171
	1	18. CAUSE OF DEATH Enter only one cause per li	no for (a) (b) and (c) 1	une spure	chang selas	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	socilial Out	aretin	V	48 hours
		Conditions, if any, which DUE TO	ringen au	tuiselusis		2
		gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO (c)	J			
5	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Pa	ort II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a. m. 19 While at war	Not while for	ACE OF INJURY (Hame, farm, 20f. (Citary, street, affice bldg., etc.)	ty or town) (C	ounty) (State)
		21 I certify that (I) (this hospital) attend)_, that (I) (we) last
		saw the deceosed olive on 12-3 220. SIGNATURE	(7, ond that d	leoth occurred of P.M. fram	The couses and on the	22b. DATE
1		TREPHYSICIAN'S NAME (Type)		M.D. ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.	SIGNED
		(Arvine (type)				
	230.	BUSIAL, CREMATION. 23b. DATE THEREOF SEMOVAL (Specify) 12/6/60	Carego Co	meter Fro	ATION (City, town, or county)	, Del.
1	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Och DATDEC 9 '6		



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14562 with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Po b. COUNTY MARYLAND 100m100 0 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 era RURAL-and give neorest town) SALISBUK 0 Salisbury shaul d. NAME OF HOSPITAL (If not in hospital, give street address) e, IS RESIDENCE d. STREET ADDRESS ON A FARM? **ORANSTITUTION** = Lost 4. DATE NAME OF First Middle Yeor filled DECEASED (Type or print) DEATH ECEMBER ages 196 ann. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months mpletel Doys Hours FGRO WIDOWED D DIVORCED | abou 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign gountry) during most of working life, even if retired) 14. MOTHER'S MAJOEN NAME puo Domes ò 13. FATHER'S NAME COL physician remove 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO px Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENNN PART 1(6) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Yeor (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work 19(04) that (1) (we) last 21. I certify that (1) (this haspitel pattended the deceased from 1900, and that death accurred af saw the deceased plive an M, from the causes and an the date stated above. FUNERAL DIRECTOR 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. pe M.D. 22c. PHYSICIA 3 should NAME 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY or county) (Stote) page REMOVAL (Specify) 0 ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATDEC 1 VR A15 (4) arthur S. Firms 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, the page 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any cent within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

1 / ~ (MEDICAL

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAMINED'S CEPTIFICATE OF DEATH

14000 Items 1	9 FilmG2/9 [-12-6] et	14555
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before edmission)
e. COUNTY	e. STATE D. b. COUNTY	
Wicowies MARYLI		repuier
b. CITY OR TOWN (if outside corporete limits, write RURAL,and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL at	nd give neerest town)
C (10) ica	Salisburg	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddres		e. IS RESIDENCE
	Westown end	ON A FARM?
Private home	I o serie a cure.	YES NO
3. NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
(Type or print) Alphonso	Williams DEATH 17	23 1960
C CTV	8. DATE OF BIRTH 19. AGE (In years IT UNDER	
S. SEX OF COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lest birthdey) Months	Deys Hours Min.
V WIDOWED DIVORCED	11-17-1905 1 1055 MOSS	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR II		TIZEN OF WHAT COUNTRY?
done during most of working life, even If retired)		11 (1
LABBRER FARM	- V V V 7 1 1 7	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAPDEN NAME	
Not KNOWN	Not KNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		
(Yes, no, or unkown) (If yes give we ror detes of service)	~ 0.	
NO -	Doris Brinson, VAldosta, G.	4.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	OATA	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Coolis Chuman	ONSET AND DEATH
IMMEDIATE CAUSE (e)	X no	Sugar
DUE TO		
Conditions, if eny, which (b)		
geve rise to immadiate cause		
(e), steting the underlying cause lest.		
(0)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUPOPSY PERFORMED?
		YES NO
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCI	URED. (Enter neture of injury In Pert I or Pert II of item 18.)	
PRIMARY Or CONTRIBUTING		
	(Corp. PLACE OF INJURY (Home, farm, 20f. (City or town) (Corp. street, office bldg., etc.)	inty) (State)
Hour a.m. While Not While	rectory, street, office orage, etc.)	
Pini D D		
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection . Inquiry .	and in my opinion
death resulted from: Natural causes . Accident .	Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	A MARKET STATE
ACTUAL STATE OF THE STATE OF TH		DAME GIGHED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S F 1 / Col	DEPUTY MEDICAL EXAMINER	2-30-60
NAME (Type)	Addrass (Street, city, town, or county)	
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMET		r) (Stele)
REMOVAL (Specify)	0 11-1	1
BURIATITY-60 INT. CALVAR		
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	
Tharital B. Isla Alichus	DATE JAN 10'61 Cuthun	S. Thous
THOKK DOW BY SATISTING IV	TICL TONG	-

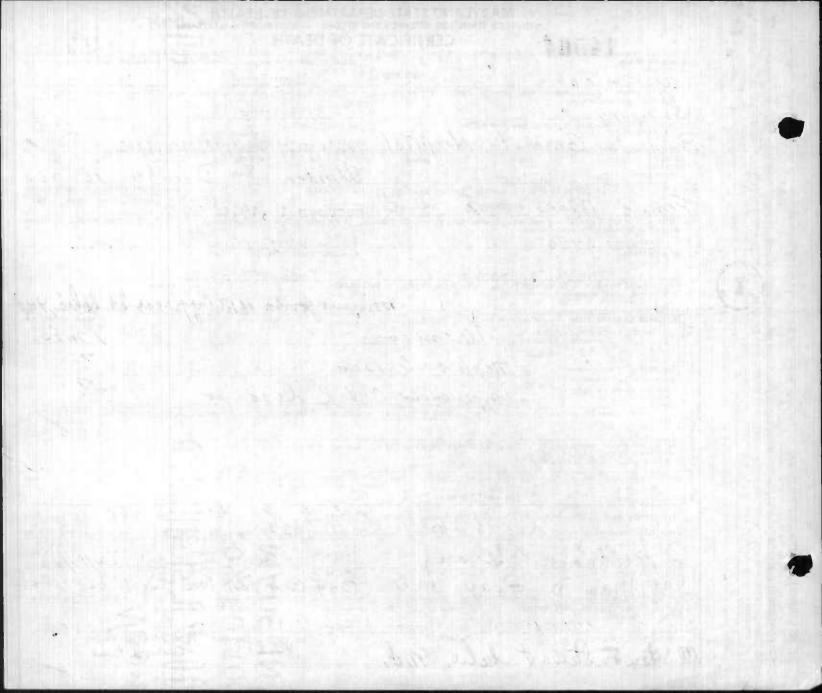
ST ESPIEE TI None And Administration of Date Store Sell Union and Con table the forth and are to a few the factors of I have the bearing about the

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death. Page 4

MARYLAND	STATE	DEP	ARTMEN	TOF	HEAL	LTH
ON OF STATISTICAL	RESEARCH	AND	RECORDS -	BALTIN	ORE 1,	MARYLAND

saw the deceased alive an All 16 19 63, and that seath accurred at 3 8 M, from the causes and an the date stated above. 220. GIGNATURE WED STAFF PHYS. STAFF PHYS. 12/16/63			DIVISION O	STATISTICAL RESEARCH		RECORDS — BALTIA	MORE 1, MAR	YLAND			
O. STATE D. COUNTY WICOMICO LENGTH OF STAY IN 1b RIPAL only IN (If not in bought), give street oddress) OR INSTITUTION OR OR RACE OR IN MARKELD OR OR RACE OR IN MARKELD OR OR RACE OR INDUSTRY II. BIRTHPLACE (Slote of Toring or Country) III.			14564 -	CERTIFIC	ATE	OF DEATH		Tello II	14	556	
COUNT COUN	1.	PLACE OF DEATH		m 2 F11mG2/8	2.	USUAL RESIDENCE (WH	ere deceased live		: Residence befo	re admissi	on)
ENGLA OF COUNT IS CONTROL OF STAY IN 16 BURAL ONG Give necrest lower A HAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTIT		/	niPa	MARYLAN	ID		land	b. COUNTY	Wicom	ico	
SALESDITY		b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If o	utside corporate l	imits, write RUF		-	
A. ACCIDENT WAS LINDERSTRICE DUE TO CONTINUENT NO. 19. ACCIDENT WAS LINDERSTRICED DUE TO CONTINUENT NO. 19. ACCIDENT NO. 19. ACCIDE		6: 1:1			1	2 Goldan	117257				
3. NAME OF FIRST Middle PRINT M	-	d. NAME OF HOSP	PITAL (If not in hospital, give stree	t oddress)	1			4 Mada	CA	e. IS RESI	DENCE
2. NAME OF DECEASED Single	1-	OR INSTITUTION	Garant	Wash to	1 1	ere e e e e e e e e e e e e e e e e e e	/UI wes	train	ot.		
DECASED (Type or print) S. SEX (6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) If UNDER 1 YEAR IF UNDER 24 HES, in the print of the pri	1	earasuli	a General	1003/110	11/4	777751447	yanere/	1/40/41/	75/1		
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Anthory J Brooks Is. Was deceased ever in u. s. Armed Porces? It. Social security no. 17. Informant If yes, give wor or dote of service) Is. Cause of deale of service) II. Cause of deale of service) III. Cause of deale of service of service of service of serv	-		r Store						L U.S	.A.	
15. WAS DECEASED EVER IN U. S. KEMED FORCES? (If yes, give wor or dates of service) (If yes, good or yes, give wor or dates of service) (If yes, good or yes, give wor or dates of service) (If yes, good or yes, give wor or dates of service) (If yes, good or yes, give wor or dates of yes, good or yes, g	13.	FATHER'S NAME			14	. MOTHER'S MAIDEN'S	NAME				
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Hour o. m. p. m. 19 While of work of while of work 19 work 1					DIACE	OF IN (1919) (1)	005 (6)		16	-	151.1.1
21. I certify that (I) (this haspital) attended the deceased fram fully 19 1960, to Steel 6, 1960, that (I) (we) last saw the deceased alive an Steel 6 1960, and that seath accurred at 3 PM, fram the causes and an the date stated above. 220. BIGNATURE W.D. ATTENDING MED. STAFF PHYS. 12/16/60	DIC		. Whi					ownj	(County)		(Stote)
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220. SIGNATURE ATTENDING MED. STAFF 12/16/60			Albal			h accurred at 3 3	M, fram the	causes and			
M.D. PHYS. DIRECTOR PHYS. 12/16/60							/				DATE
00 AUVICE - 1 00		Will	lianh.	trais	M.D.	PHYS. DI		AFF HYS.	12	116/	SIGNED
22C. ADDRESS		22c. PHYSICIAN'S		4.3		22d. ADDRESS	- / /	1	01-1	1	16.1
William D. Gray, MD 334 Candon love Jalisbury, of		VVIII	am D. Gr	ay, MD		334 Can	ndan 1	ove.	Ja1150	47/	MA
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)	23	BURIAL, CREMAT		23c. NAME OF CEMETER	RY OR CR	EMATORY	23d. LOCATION	(City, town, or	county)	(Stote	e)
REMOVAL (Specify)	1	REMOVAL (Specif	12/22/1966	Green	n Ac	rec	Sol	ichur	(7	114	
10117121 112/22/1960 Green Acres Salishury Id	24.	FUNERAL DIRECTO	OR'S SIGNATURE	DDRESS	1	-	-				
birial 12/22/1960 Green Acres Salisbury IId. 24. FUNERAL DIRECTOR'S SIGNATURE 250 RECISTRAR'S SIGNATURE	10	O hata ?	F. Stylmont.	latin MA		DATE	12 1 60	arth	us L. Krace	l.	
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24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REGISTRAR'S SIGNATURE	C	Kenya &	TIBLE IN I	allo, YMA	,	DATE	•	-	TI ARA TURNOU		



- BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH G. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla	ere deceased lived. If i	OLINITY	efare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		write RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give stree or INSTITUTION Pen Gen Hosp	t address)	d. STREET ADDRESS R.D.#	1 (Wango	,)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) IRVING	WILLIAM	WOOD Lost	4. DATE OF DEATH	Manth DEC. 2	27th 1960
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 21, 189	9. AGE (In last birt		AR IF UNDER 24 HRS. // Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most af working life, even if retired) Farmer	KIND OF BUSINESS OR INDU	New York		12.CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME William Wood		Carrie M:			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no., or unknown) YES W. W. I & II	SOCIAL SECURITY NO. 17. II	recement s.Ethel G.Wo Parsonsbi	ood(Wife)		Vango)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under-lying cause last. (b) DUE TO Lying cause last.	cotonar	y afker	Duray	osis	DOSET AND DEATH Chour
CALICE CONTRINCTING LICALISE OF DEATH I	SCRIBE HOW INJURY OCCURRE	state go	Pard-	ayshte.	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a. m. N. / A 10 While	INJURY OCCURRED 20e. Pt	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc	20f. (City ar tawn)	'A (Caun	nty) (State)
21. I certify that (I) (this haspital) attents as the deceased alive an ACC 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. L. V. Sohler	Leley	M.D. ATTENDING M. M. PHYS. M. DI	2 . American	1	that (I) (we) last ate stated above. 22b. DATE SIGNED 1960
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (City,	New York	(State)
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY S.	ADDRESS ALISBURY MAR	VT AND	D BY REGISTRAR 251	b. REGISTRAR'S SIGNA	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. ages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, or remaval, and in any event, within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs TO HOSPITAL

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